# SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

# **Hospitals**

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OMB No. 1545-0047

Open to Public Inspection

Name of the organization

PARKVIEW HEALTH SYSTEM, INC.

 $\begin{array}{l} \textbf{Employer identification number} \\ 35-1972384 \end{array}$ 

| Pai | t I   Financial Assistance a   | and Certain Of                | ner Commu               | nity Benefits at                    | Cost                          |                                   |          |                     |    |
|-----|--|-------------------------------|-------------------------|-------------------------------------|-------------------------------|-----------------------------------|----------|---------------------|----|
|     |  |                               |                         |                                     |                               |                                   |          | Yes                 | No |
| 1a  | Did the organization have a financial  | assistance policy             | during the tax ye       | ear? If "No," skip to               | question 6a                   |                                   | 1a       | Х                   |    |
| b   | If "Yes," was it a written policy? If the organization had multiple hospital facilities  |                               |                         |                                     |                               |                                   | 1b       | Х                   |    |
| 2   | If the organization had multiple hospital facilities facilities during the tax year.     | , indicate which of the fol   | llowing best describes  | s application of the financia       | al assistance policy to its   | s various hospital                |          |                     |    |
|     | X Applied uniformly to all hospital  | al facilities                 | Appl                    | lied uniformly to mo                | st hospital facilities        | 3                                 |          |                     |    |
|     | Generally tailored to individual   | hospital facilities           |                         |                                     |                               |                                   |          |                     |    |
| 3   | Answer the following based on the financial assis  | stance eligibility criteria t | hat applied to the larg | est number of the organiza          | ation's patients during th    | e tax year.                       |          |                     |    |
| а   | Did the organization use Federal Po  | verty Guidelines (F           | PG) as a factor ir      | n determining eligibi               | lity for providing fr         | ee care?                          |          |                     |    |
|     | If "Yes," indicate which of the follow   | ing was the FPG fa            | amily income limi       | t for eligibility for fre           | e care:                       |                                   | За       | Х                   |    |
|     | 100% 150%  | X 200%                        | Other                   | %                                   |                               |                                   |          |                     |    |
| b   | Did the organization use FPG as a fa   |                               |                         |                                     |                               |                                   |          |                     |    |
|     | of the following was the family incom  | ne limit for eligibility      | for discounted          | care:                               |                               |                                   | 3b       | X                   |    |
|     | 200% X 250% L  | 300%                          | 350%                    | 」400%                               | ther 9                        | 6                                 |          |                     |    |
| С   | If the organization used factors other   |                               |                         |                                     |                               |                                   |          |                     |    |
|     | eligibility for free or discounted care.   |                               |                         |                                     |                               | r other                           |          |                     |    |
|     | threshold, regardless of income, as a Did the organization's financial assistance policy |                               |                         |                                     |                               | ad care to the                    |          |                     |    |
| 4   |  |                               |                         |                                     |                               |                                   | 4        | Х                   |    |
|     | Did the organization budget amounts for  |                               | •                       |                                     |                               |                                   | 5a       | Х                   |    |
| b   | If "Yes," did the organization's finance   | cial assistance exp           | enses exceed th         | ne budgeted amoun                   | t?                            |                                   | 5b       | igsquare            | X  |
| С   | If "Yes" to line 5b, as a result of bud  | -                             |                         | •                                   |                               |                                   |          |                     |    |
|     | care to a patient who was eligible fo  |                               |                         |                                     |                               |                                   | 5с       |                     |    |
|     | Did the organization prepare a comm  |                               |                         |                                     |                               |                                   | 6a       | Х                   |    |
| b   | If "Yes," did the organization make it   |                               |                         |                                     |                               |                                   | 6b       | X                   |    |
|     | Complete the following table using the workshee  |                               |                         | not submit these workshe            | eets with the Schedule F      | l                                 |          |                     |    |
| 7   | Financial Assistance and Certain Otl   |                               |                         | 1.                                  | 1                             | ı                                 |          |                     |    |
|     | Financial Assistance and   | (a) Number of activities or   | (b) Persons<br>served   | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense |          | Percent<br>of total |    |
|     | ins-Tested Government Programs   | programs (optional)           | (optional)              |                                     |                               |                                   | <u>'</u> | expense             |    |
| а   | Financial Assistance at cost (from   |                               |                         | 104 411                             |                               | 104 411                           |          | 0.0                 | Q. |
|     | Worksheet 1)   |                               |                         | 184,411.                            |                               | 184,411.                          |          | .02                 | 6  |
| b   | Medicaid (from Worksheet 3,  |                               |                         | 2554979.                            | 1289061.                      | 1265918.                          |          | 1 2                 | Q. |
|     | column a)  |                               |                         | 2554979.                            | 1209001.                      | 1203910.                          | -        | .13                 | 70 |
| С   | Costs of other means-tested  |                               |                         |                                     |                               |                                   |          |                     |    |
|     | government programs (from  |                               |                         | 4761600.                            | 4759919.                      | 1 601                             |          | .00                 | Q. |
|     | Worksheet 3, column b)   |                               |                         | 4/01000.                            | 4/59919.                      | 1,681.                            | -        | •00                 | 70 |
| d   | Total. Financial Assistance and  |                               |                         | 7500990.                            | 6048980.                      | 1452010.                          |          | .15                 | Q. |
|     | Means-Tested Government Programs   |                               |                         | 7300990.                            | 0040900.                      | 1432010.                          |          | • 13                | ъ  |
|     | Other Benefits   |                               |                         |                                     |                               |                                   |          |                     |    |
| е   | Community health   |                               |                         |                                     |                               |                                   |          |                     |    |
|     | improvement services and   |                               |                         |                                     |                               |                                   |          |                     |    |
|     | community benefit operations   |                               |                         | 8783575.                            | 2150263.                      | 6633312.                          |          | .66                 | ي  |
|     | (from Worksheet 4)   | <u> </u>                      |                         | 0,033,13.                           | 2130203.                      | 0033314.                          | -        | • 0 0               | 0  |
| T   | Health professions education   |                               |                         | 869,234.                            | 47,698.                       | 821,536.                          |          | .08                 | Q. |
|     | (from Worksheet 5)   |                               |                         | 005,254.                            | <u> </u>                      | 021,000                           |          | • • •               |    |
| g   |  |                               |                         | 16329266.                           | 8217910.                      | 8111356.                          |          | .81                 | 8  |
| h   | (from Worksheet 6)   |                               |                         | 1002000                             | 021/710.                      | 0111330.                          |          | •••                 |    |
|     | Research (from Worksheet 7)  Cash and in-kind contributions                              |                               |                         | +                                   |                               |                                   |          |                     |    |
| '   |  |                               |                         |                                     |                               |                                   |          |                     |    |
|     | for community benefit (from Worksheet 8)   |                               |                         | 4212194.                            |                               | 4212194.                          |          | .42                 | 용  |
| i   | Worksheet 8)  Total. Other Benefits  |                               |                         | 30194269.                           | 10415871.                     |                                   | 1        | .97                 |    |
|     | Total. Add lines 7d and 7j   |                               |                         | 37695259.                           |                               |                                   |          | .12                 |    |
|     |  |                               |                         |                                     |                               |                                   |          |                     |    |

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the

|               | tax year, and describe in Par                      | t VI how its commu                   | unity building activ          | vities promoted     | the he  | alth of the                   | communities it serve                | s.        |                      |           |
|---------------|--|--------------------------------------|-------------------------------|---------------------|---|-------------------------------|-------------------------------------|-----------|----------------------|-----------|
|               |  | (a) Number of activities or programs | (b) Persons served (optional) | (C) Total community | 0.  | (d) Direct<br>ffsetting rever | (e) Net community                   | ,         | Percent<br>tal exper |           |
|               |  | (optional)                           |                               | building expen      |   |                               | building expense                    |           | -                    |           |
| _1_           | Physical improvements and housing                  |                                      |                               | 352,35              |   |                               | 352,356                             |           | .04                  |           |
| 2             | Economic development                               |                                      |                               | 575,00              | <u> </u>  |                               | 575,000                             | •         | .06                  | ₹ <u></u> |
| 3             | Community support                                  |                                      |                               |                     |   |                               |                                     |           |                      |           |
| 4_            | Environmental improvements                         |                                      |                               |                     |   |                               |                                     |           |                      |           |
| 5             | Leadership development and                         |                                      |                               | 346,17              | 6   |                               | 346,176                             |           | .03                  | Q.        |
|               | training for community members                     |                                      |                               | 340,17              | <del>                                      </del> |                               | 340,170                             | +         | • 0 3                | •         |
| <u>6</u><br>7 | Coalition building  Community health improvement   |                                      |                               |                     |   |                               |                                     |           |                      |           |
| ′             | advocacy   |                                      |                               |                     |   |                               |                                     |           |                      |           |
| 8             | Workforce development                              |                                      |                               | 863,21              | 3.  |                               | 863,213                             | _         | .09                  | 용         |
| 9             | Other  |                                      |                               | 000,                | +   |                               | 000,120                             | +         |                      |           |
| 10            | Total  |                                      |                               | 213674              | 5.  |                               | 2136745                             |           | .22                  | ક         |
| _             | rt III   Bad Debt, Medicare, 8                     | & Collection P                       | ractices                      | •                   |   |                               | •                                   |           |                      |           |
| Sect          | ion A. Bad Debt Expense                            |                                      |                               |                     |   |                               |                                     |           | Yes                  | No        |
| 1             | Did the organization report bad deb                | t expense in accor                   | dance with Health             | ncare Financial     | Manage  | ement Ass                     | ociation                            |           |                      |           |
|               | Statement No. 15?                                  |                                      |                               |                     |   |                               |                                     | 1         | X                    |           |
| 2             | Enter the amount of the organization               |                                      |                               |                     |   |                               |                                     |           |                      |           |
|               | methodology used by the organizati                 | on to estimate this                  | amount                        |                     |   | . 2                           | 0                                   |           |                      |           |
| 3             | Enter the estimated amount of the c                | organization's bad                   | debt expense attr             | ributable to        |   |                               |                                     |           |                      |           |
|               | patients eligible under the organizat              | ion's financial assis                | stance policy. Exp            | olain in Part VI    | the   |                               |                                     |           |                      |           |
|               | methodology used by the organizati                 | on to estimate this                  | amount and the                | rationale, if any   | /,  |                               | _                                   |           |                      |           |
|               | for including this portion of bad deb              | t as community be                    | nefit                         |                     |   | 3                             | 0                                   | <u>.</u>  |                      |           |
| 4             | Provide in Part VI the text of the foo             | tnote to the organi                  | zation's financial s          | statements tha      | t descri  | ibes bad d                    | ebt                                 |           |                      |           |
|               | expense or the page number on whi                  | ich this footnote is                 | contained in the              | attached finan      | cial state  | ements.                       |                                     |           |                      |           |
| Sect          | ion B. Medicare                                    |                                      |                               |                     |   |                               | 0 000 005                           |           |                      |           |
| 5             | Enter total revenue received from M                |                                      |                               |                     |   | 5                             | 9,039,995<br>11,295,064             | <u>- </u> |                      |           |
| 6             | Enter Medicare allowable costs of ca               |                                      |                               |                     |   |                               | 11,295,064                          | 4         |                      |           |
| 7             | Subtract line 6 from line 5. This is the           |                                      |                               |                     |   |                               | -2,255,069                          | 4         |                      |           |
| 8             | Describe in Part VI the extent to whi              | •                                    |                               |                     |   | -                             |                                     |           |                      |           |
|               | Also describe in Part VI the costing               |                                      | urce used to dete             | ermine the amo      | unt rep   | orted on li                   | ne 6.                               |           |                      |           |
|               | Check the box that describes the m                 |                                      |                               |                     |   |                               |                                     |           |                      |           |
| C4            | Cost accounting system ion C. Collection Practices | X Cost to char                       | rge ratio                     |                     |   |                               |                                     |           |                      |           |
|               | Did the organization have a written of             | dobt collection poli                 | ay during the tay             | voor?               |   |                               |                                     | 9a        | Х                    |           |
|               | If "Yes," did the organization's collection        |                                      |                               |                     |   |                               |                                     | 94        |                      |           |
| b             | collection practices to be followed for par        |                                      |                               |                     |   |                               | tain provisions on the              | 9b        | x                    |           |
| Pai           | rt IV   Management Compar                          |                                      |                               |                     |   |                               | es, key employees, and phy          |           |                      | ictions)  |
|               | (a) Name of entity                                 |                                      | scription of primar           |                     |   | nization's                    | (d) Officers, direct-               |           | hysicia              |           |
|               | (a) Name of entity                                 |                                      | ctivity of entity             |                     |   | or stock                      | ors, trustees, or                   |           | ofit %               |           |
|               |  |                                      | ,                             |                     |   | rship %                       | key employees'<br>profit % or stock | . :       | stock                |           |
|               |  |                                      |                               |                     |   |                               | ownership %                         | own       | ership               | %         |
| 1 :           | MAGING SERVICES                                    |                                      |                               |                     |   |                               |                                     |           |                      |           |
| HOI           | DING COMPANY, LLC                                  | HOLDING C                            | OMPANY                        |                     | 50.   | 800                           |                                     | 50        | .00                  | ક         |
|               | ORTHOPAEDIC  |                                      |                               |                     |   |                               |                                     |           |                      |           |
|               | SPITAL AT PARKVIEW                                 |                                      |                               |                     |   |                               |                                     |           |                      |           |
| NOI           | RTH, LLC   | ORTHOPAED                            | IC HOSPIT                     | 'AL                 | 60.   | .00%                          |                                     | 40        | .00                  | ક         |
|               |  |                                      |                               |                     |   |                               |                                     |           |                      |           |
|               |  |                                      |                               |                     |   |                               |                                     |           |                      |           |
|               |  |                                      |                               |                     |   |                               |                                     |           |                      |           |
|               |  |                                      |                               |                     |   |                               |                                     |           |                      |           |
|               |  |                                      |                               |                     |   |                               |                                     |           |                      |           |
|               |  |                                      |                               |                     |   |                               |                                     |           |                      |           |

| Part V      | Facility Information  |                  |                         |                     |                   |                          |                   |             |          |                  |                    |
|-------------|---|------------------|-------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------|
| Section A.  | . Hospital Facilities   |                  |                         |                     |                   | ital                     |                   |             |          |                  |                    |
|             | er of size, from largest to smallest)   | 1_               | Gen. medical & surgical | _                   | l_                | Critical access hospital |                   |             |          |                  |                    |
|             | hospital facilities did the organization operate  | Ē                | 3nr                     | pit.                | ita               | 12                       | ıţ                |             |          |                  |                    |
| during the  |   | l sc             | ∞<br>∞                  | Soc                 | dsc               | ess                      | gcill             | l o         |          |                  |                    |
|             | ·   | icensed hospital | ical                    | Children's hospital | Teaching hospital | Ö                        | Research facility | ER-24 hours | ١. ا     |                  |                    |
| Name, add   | dress, primary website address, and state license number<br>roup return, the name and EIN of the subordinate hospital | l Se             | ned                     | le l                | ]. <u>Ĕ</u>       | <u>a</u>                 | arc               | <u>ĕ</u>    | ER-other |                  | Facility reporting |
| organizatio | oup return, the name and Envior the subordinate hospital on that operates the hospital facility)                      | ĕ                | n.n                     | 틸                   | act               | i <u>ệ</u>               | se                | 1-24        | φ        |                  | group              |
|             |   |                  | Ge                      | ㅎ                   | <u>_e</u>         | Ö                        | Re                | Ш           | 监        | Other (describe) |                    |
|             | HOPAEDIC HOSPITAL AT PARKVIEW NORTH   |                  |                         |                     |                   |                          |                   |             |          |                  |                    |
|             | 30 PARKVIEW CIRCLE  |                  |                         |                     |                   |                          |                   |             |          |                  |                    |
| FOR'        | r wayne, in 46845   |                  |                         |                     |                   |                          |                   |             |          |                  |                    |
| WWW         | .PARKVIEW.COM   |                  |                         |                     |                   |                          |                   |             |          |                  |                    |
| 14-         | 005845-1  | $\exists x$      | Х                       |                     | Х                 |                          |                   |             |          |                  |                    |
|             |   |                  |                         |                     |                   |                          |                   |             |          |                  |                    |
|             |   | -                |                         |                     |                   |                          |                   |             |          |                  |                    |
|             |   | -                |                         |                     |                   |                          |                   |             |          |                  |                    |
|             |   | _                |                         |                     |                   |                          |                   |             |          |                  |                    |
|             |   | _                |                         |                     |                   |                          |                   |             |          |                  |                    |
|             |   |                  |                         |                     |                   |                          |                   |             |          |                  |                    |
|             |   |                  |                         |                     |                   |                          |                   |             |          |                  |                    |
|             |   |                  |                         |                     |                   |                          |                   |             |          |                  |                    |
|             |   |                  |                         |                     |                   |                          |                   |             |          |                  |                    |
|             |   |                  |                         |                     |                   |                          |                   |             |          |                  |                    |
|             |   |                  |                         |                     |                   |                          |                   |             |          |                  |                    |
|             |   |                  |                         |                     |                   |                          |                   |             |          |                  |                    |
|             |   | -                |                         |                     |                   |                          |                   |             |          |                  |                    |
|             |   | -                |                         |                     |                   |                          |                   |             |          |                  |                    |
|             |   | -                |                         |                     |                   |                          |                   |             |          |                  |                    |
|             |   | _                |                         |                     |                   |                          |                   |             |          |                  |                    |
|             |   | _                |                         |                     |                   |                          |                   |             |          |                  |                    |
|             |   |                  |                         |                     |                   |                          |                   |             |          |                  |                    |
|             |   |                  |                         |                     |                   |                          |                   |             |          |                  |                    |
|             |   |                  |                         |                     |                   |                          |                   |             |          |                  |                    |
|             |   |                  |                         |                     |                   |                          |                   |             |          |                  |                    |
|             |   |                  |                         |                     |                   |                          |                   |             |          |                  |                    |
|             |   |                  |                         |                     |                   |                          |                   |             |          |                  |                    |
|             |   | -                |                         |                     |                   |                          |                   |             |          |                  |                    |
|             |   | -                |                         |                     |                   |                          |                   |             |          |                  |                    |
|             |   | -                |                         |                     |                   |                          |                   |             |          |                  |                    |
|             |   | 4                |                         |                     |                   |                          |                   |             |          |                  |                    |
|             |   | _                |                         |                     |                   |                          |                   |             |          |                  |                    |
|             |   |                  |                         |                     |                   |                          |                   |             |          |                  |                    |
|             |   |                  |                         |                     |                   |                          |                   |             |          |                  |                    |
|             |   |                  |                         |                     |                   |                          |                   |             |          |                  |                    |
|             |   |                  |                         |                     |                   |                          |                   |             |          |                  |                    |
|             |   |                  |                         |                     |                   |                          |                   |             |          |                  |                    |
|             |   |                  |                         |                     |                   |                          |                   |             |          |                  |                    |
|             |   |                  |                         |                     |                   |                          |                   |             |          |                  |                    |
|             |   | 1                |                         |                     |                   |                          |                   |             |          |                  |                    |
|             |   | -                |                         |                     |                   |                          |                   |             |          |                  |                    |
|             |   | -                |                         |                     |                   |                          |                   |             |          |                  |                    |
|             |   | _                |                         |                     | <u> </u>          |                          |                   |             |          |                  |                    |
|             |   | _                |                         |                     |                   |                          |                   |             |          |                  |                    |
|             |   |                  |                         |                     |                   |                          |                   |             |          |                  |                    |
|             |   |                  |                         |                     |                   |                          |                   |             |          |                  |                    |
|             |   |                  |                         |                     |                   |                          |                   |             |          |                  |                    |
|             |   |                  |                         |                     |                   |                          |                   |             |          |                  |                    |
|             |   |                  |                         |                     |                   |                          |                   |             |          |                  |                    |
|             |   | 1                |                         | 1                   |                   |                          |                   |             |          |                  |                    |
|             |   | 1                |                         |                     |                   |                          |                   |             |          |                  |                    |
|             |   | $\exists$        |                         | 1                   |                   |                          |                   |             |          |                  |                    |
|             |   | 4                |                         | 1                   |                   |                          |                   |             |          |                  |                    |

# Section B. Facility Policies and Practices

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

|             |   |     | Yes | No |
|-------------|---|-----|-----|----|
| Con         | nmunity Health Needs Assessment   |     |     |    |
| 1           | Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the        |     |     |    |
|             | current tax year or the immediately preceding tax year?   | 1   |     | Х  |
| 2           | Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or                 |     |     |    |
|             | the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C                                 | 2   |     | Х  |
| 3           | During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a                 |     |     |    |
|             | community health needs assessment (CHNA)? If "No," skip to line 12  | 3   | Х   |    |
|             | If "Yes," indicate what the CHNA report describes (check all that apply):   |     |     |    |
| а           | A definition of the community served by the hospital facility   |     |     |    |
| b           | Demographics of the community   |     |     |    |
| c           | Existing health care facilities and resources within the community that are available to respond to the health needs          |     |     |    |
|             | of the community  |     |     |    |
| c           | How data was obtained   |     |     |    |
| е           | The significant health needs of the community   |     |     |    |
| f           | Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority              |     |     |    |
|             | groups  |     |     |    |
| g           | The process for identifying and prioritizing community health needs and services to meet the community health needs           |     |     |    |
| h           | The process for consulting with persons representing the community's interests  |     |     |    |
| i           | X The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s) |     |     |    |
| j           | Other (describe in Section C)   |     |     |    |
| 4           | Indicate the tax year the hospital facility last conducted a CHNA: 2019   |     |     |    |
| 5           | In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad    |     |     |    |
|             | interests of the community served by the hospital facility, including those with special knowledge of or expertise in public  |     |     |    |
|             | health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the      |     |     |    |
|             | community, and identify the persons the hospital facility consulted   | 5   | Х   |    |
| 6a          | a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other             |     |     |    |
|             | hospital facilities in Section C  | 6a  | Х   |    |
| b           | Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes,"           |     |     |    |
|             | list the other organizations in Section C   | 6b  | Х   |    |
| 7           | Did the hospital facility make its CHNA report widely available to the public?  | 7   | Х   |    |
|             | If "Yes," indicate how the CHNA report was made widely available (check all that apply):                                      |     |     |    |
| а           | Hospital facility's website (list url): HTTPS://WWW.PARKVIEW.COM/LOCALHEALTHNEEDS   |     |     |    |
| b           |   |     |     |    |
| c           | Made a paper copy available for public inspection without charge at the hospital facility                                     |     |     |    |
| c           | Other (describe in Section C)   |     |     |    |
| 8           | 1   |     |     |    |
|             | identified through its most recently conducted CHNA? If "No," skip to line 11   | 8   | Х   |    |
|             | Indicate the tax year the hospital facility last adopted an implementation strategy: 20 $\_19$                                |     |     |    |
|             | Is the hospital facility's most recently adopted implementation strategy posted on a website?                                 | 10  | Х   |    |
|             | a If "Yes," (list url): HTTPS://WWW.PARKVIEW.COM/LOCALHEALTHNEEDS   |     |     |    |
|             | o If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?                  | 10b |     |    |
| 11          | Describe in Section C how the hospital facility is addressing the significant needs identified in its most                    |     |     |    |
|             | recently conducted CHNA and any such needs that are not being addressed together with the reasons why                         |     |     |    |
|             | such needs are not being addressed.   |     |     |    |
| <b>12</b> a | a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a                |     |     | ,, |
|             | CHNA as required by section 501(r)(3)?  | 12a |     | X  |
|             | o If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?                            | 12b |     |    |
| C           | If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720              |     |     |    |
|             | for all of its hospital facilities? \$  |     |     |    |

| Part V   Facility Information (continued | () |
|--|----|
|--|----|

Financial Assistance Policy (FAP)

| Nar | ne of ho | espital facility or letter of facility reporting group ORTHOPAEDIC HOSPITAL AT PARKVIEW N                              | ORT | н,  |    |
|-----|----------|--|-----|-----|----|
|     |          |  |     | Yes | No |
|     | Did the  | hospital facility have in place during the tax year a written financial assistance policy that:                        |     |     |    |
| 13  | Explain  | ned eligibility criteria for financial assistance, and whether such assistance included free or discounted care?       | 13  | Х   |    |
|     |          | " indicate the eligibility criteria explained in the FAP:  |     |     |    |
| a   | X        | Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of                        |     |     |    |
|     |          | and FPG family income limit for eligibility for discounted care of $\underline{250}$ %                                 |     |     |    |
| k   |          | Income level other than FPG (describe in Section C)  |     |     |    |
| C   |          | Asset level  |     |     |    |
| C   |          | Medical indigency  |     |     |    |
| e   |          | Insurance status   |     |     |    |
| f   | X        | Underinsurance status  |     |     |    |
| ç   | X        | Residency  |     |     |    |
| ŀ   |          | Other (describe in Section C)  |     |     |    |
| 14  |          | ned the basis for calculating amounts charged to patients?   | 14  | X   |    |
| 15  |          | ned the method for applying for financial assistance?  | 15  | Х   |    |
|     | If "Yes  | " indicate how the hospital facility's FAP or FAP application form (including accompanying instructions)               |     |     |    |
|     |          | ned the method for applying for financial assistance (check all that apply):   |     |     |    |
| â   |          | Described the information the hospital facility may require an individual to provide as part of his or her application |     |     |    |
| k   | X        | Described the supporting documentation the hospital facility may require an individual to submit as part of his        |     |     |    |
|     | 77       | or her application   |     |     |    |
| C   | X        | Provided the contact information of hospital facility staff who can provide an individual with information             |     |     |    |
|     |          | about the FAP and FAP application process  |     |     |    |
| C   |          | Provided the contact information of nonprofit organizations or government agencies that may be sources                 |     |     |    |
|     |          | of assistance with FAP applications  |     |     |    |
| 6   |          | Other (describe in Section C)  |     | 3,7 |    |
| 16  |          | idely publicized within the community served by the hospital facility?   | 16  | X   |    |
|     |          | "indicate how the hospital facility publicized the policy (check all that apply):                                      |     |     |    |
| ē   | =        | The FAP was widely available on a website (list url): SEE PART V, PAGE 8   |     |     |    |
| k   |          | The FAP application form was widely available on a website (list url): SEE PART V, PAGE 8                              |     |     |    |
| •   |          | A plain language summary of the FAP was widely available on a website (list url): SEE PART V, PAGE 8                   |     |     |    |
| C   |          | The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)       |     |     |    |
| e   | X        | The FAP application form was available upon request and without charge (in public locations in the hospital            |     |     |    |
|     | 32       | facility and by mail)  |     |     |    |
| f   | Δ        | A plain language summary of the FAP was available upon request and without charge (in public locations in              |     |     |    |
|     | T        | the hospital facility and by mail)   |     |     |    |
| ç   | X        | Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP,        |     |     |    |
|     |          | by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public        |     |     |    |
|     |          | displays or other measures reasonably calculated to attract patients' attention  |     |     |    |
|     | v        | N 100 1 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |     |     |    |
| ŀ   |          | Notified members of the community who are most likely to require financial assistance about availability of the FAP    |     |     |    |
| i   | X        | The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s)      |     |     |    |

Schedule H (Form 990) 2021

spoken by Limited English Proficiency (LEP) populations

Other (describe in Section C)

| _     |          | (FORM 990) 2021 FARRVIEW HEALIH SISIEM, INC. 55-197   | 430    | <b>4</b> Pa | age <b>6</b> |
|-------|----------|---|--------|-------------|--------------|
|       | rt V     | Facility Information (continued)  |        |             |              |
| 3illi | ng and   | Collections   |        |             |              |
| Nan   | ne of ho | ospital facility or letter of facility reporting group ORTHOPAEDIC HOSPITAL AT PARKVIEW                                       | NOR    |             |              |
|       |          |   |        | Yes         | No           |
| 17    | Did the  | e hospital facility have in place during the tax year a separate billing and collections policy, or a written financial       |        |             |              |
|       | assista  | ance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon             |        |             |              |
|       | nonpa    | yment?  | 17     | Х           |              |
| 18    | Check    | all of the following actions against an individual that were permitted under the hospital facility's policies during the      |        |             |              |
|       | tax yea  | ar before making reasonable efforts to determine the individual's eligibility under the facility's FAP:                       |        |             |              |
| а     |          | Reporting to credit agency(ies)   |        |             |              |
| b     |          | Selling an individual's debt to another party   |        |             |              |
| С     |          | Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a                   |        |             |              |
|       |          | previous bill for care covered under the hospital facility's FAP  |        |             |              |
| d     |          | Actions that require a legal or judicial process  |        |             |              |
| е     |          | Other similar actions (describe in Section C)   |        |             |              |
| f     | X        | None of these actions or other similar actions were permitted   |        |             |              |
| 19    | Did the  | e hospital facility or other authorized party perform any of the following actions during the tax year before making          |        |             |              |
|       | reason   | hable efforts to determine the individual's eligibility under the facility's FAP?   | 19     |             | X            |
|       | If "Yes  | ," check all actions in which the hospital facility or a third party engaged:   |        |             |              |
| а     |          | Reporting to credit agency(ies)   |        |             |              |
| b     |          | Selling an individual's debt to another party   |        |             |              |
| С     |          | Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a                   |        |             |              |
|       |          | previous bill for care covered under the hospital facility's FAP  |        |             |              |
| d     |          | Actions that require a legal or judicial process  |        |             |              |
| е     |          | Other similar actions (describe in Section C)   |        |             |              |
| 20    | Indicat  | te which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or |        |             |              |
|       | not ch   | ecked) in line 19 (check all that apply):   |        |             |              |
| а     | X        | Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the           |        |             |              |
|       |          | FAP at least 30 days before initiating those ECAs (if not, describe in Section C)   |        |             |              |
| b     | X        | Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Sect     | ion C) |             |              |
| С     | X        | Processed incomplete and complete FAP applications (if not, describe in Section C)  |        |             |              |
| d     | X        | Made presumptive eligibility determinations (if not, describe in Section C)   |        |             |              |
| е     |          | Other (describe in Section C)   |        |             |              |
| f     |          | None of these efforts were made   |        |             |              |
| Poli  | cy Rela  | iting to Emergency Medical Care   |        |             |              |
| 21    | Did the  | e hospital facility have in place during the tax year a written policy relating to emergency medical care                     |        |             |              |
|       | that re  | quired the hospital facility to provide, without discrimination, care for emergency medical conditions to                     |        |             |              |
|       | individ  | uals regardless of their eligibility under the hospital facility's financial assistance policy?                               | 21     | Х           |              |
|       |          | " indicate why:   |        |             |              |
| а     |          | The hospital facility did not provide care for any emergency medical conditions   |        |             |              |
| b     |          | The hospital facility's policy was not in writing   |        |             |              |
| С     |          | The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)       |        |             |              |
| d     |          | Other (describe in Section C)   |        |             |              |

If "Yes," explain in Section C.

| Scn | edule H (Form 990) 2021 FARRVIEW HEALIH SISIEM, INC. 55-197   | 230 | 4 Pa | age 1 |
|-----|---|-----|------|-------|
| Pa  | art V Facility Information (continued)  |     |      |       |
| Cha | arges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)   |     |      |       |
| Nar | ne of hospital facility or letter of facility reporting group ORTHOPAEDIC HOSPITAL AT PARKVIEW  | NOR | TH,  |       |
|     |   |     | Yes  | No    |
| 22  | Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.  |     |      |       |
| ā   | The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period  |     |      |       |
| k   | The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period                               |     |      |       |
| c   | The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior |     |      |       |
| c   | 12-month period  The hospital facility used a prospective Medicare or Medicaid method   |     |      |       |
| 23  | emergency or other medically necessary services more than the amounts generally billed to individuals who had   |     |      | v     |
|     | insurance covering such care?   | 23  |      | X     |
|     | If "Yes," explain in Section C.   |     |      |       |
| 24  | During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?  | 24  |      | х     |
|     |   |     |      |       |

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH, LLC:

PART V, SECTION B, LINE 5: DESCRIBE HOW THE HOSPITAL FACILITY TOOK INTO

ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE COMMUNITY, AND IDENTIFY THE

PERSONS THE HOSPITAL FACILITY CONSULTED:

WHEN CONDUCTING ITS 2019 CHNA, PARKVIEW HEALTH SYSTEM, INC. AND THE
INDIANA PARTNERSHIP FOR HEALTHY COMMUNITIES (IN-PHC) RESEARCH TEAM WERE
DILIGENT IN ENSURING THERE WAS INPUT FROM PERSONS REPRESENTING THE BROAD
INTERESTS OF THE COMMUNITY AS WELL AS VULNERABLE AND UNDERSERVED
POPULATIONS. LOCAL HEALTH DEPARTMENTS, MEDICAL PROFESSIONALS AND SOCIAL
SERVICE AGENCIES THAT PROVIDE SERVICES DIRECTLY TO THE UNDERSERVED IN OUR
COMMUNITIES WERE SURVEYED AND TOOK PART IN COMMUNITY HEALTH PLANNING
SESSIONS.

IN GATHERING QUALITATIVE COMMUNITY INPUT, PARKVIEW HEALTH SYSTEM, INC. AND ITS RESEARCH PARTNERS OBTAINED THE FOLLOWING:

1. PRIMARY DATA COLLECTED VIA AN ONLINE SURVEY (JANUARY 2019) OF PARKVIEW HEALTH SYSTEM, INC. HEALTHCARE PROVIDERS (E.G., PHYSICIANS, NURSES, SOCIAL WORKERS, ETC.) AND COMMUNITY SERVICE PROVIDERS REPRESENTING ALLEN COUNTY'S VULNERABLE POPULATIONS. THE HEALTH SYSTEM'S CHNA RESEARCH PARTNERS ALSO CONDUCTED A RANDOMIZED SURVEY OF THE COMMUNITY RESIDENTS IN EACH COUNTY WHERE AFFILIATE HOSPITALS RESIDE (FEBRUARY - APRIL 2019). IN AN EFFORT TO MEET THE NEEDS OF A SPECIFIC RURAL POPULATION, A PAPER VERSION OF THE SURVEY WAS ADMINISTERED TO THE AMISH POPULATION LOCATED IN LAGRANGE COUNTY (FEBRUARY - APRIL 2019), AND A HISPANIC FOCUS GROUP WAS HELD IN KOSCIUSKO

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

COUNTY (MARCH 24, 2019).

2. SECONDARY DATA GATHERED FROM CONDUENT'S HEALTHY COMMUNITIES INSTITUTE

(HCI) PLATFORM AND OTHER LOCAL AND NATIONAL AGENCIES, EMPHASIZING THE

SOCIAL AND ENVIRONMENTAL FACTORS CONTRIBUTING TO LOCAL HEALTH DISPARITIES.

IN ADDITION TO DATA COLLECTION, PARKVIEW HEALTH SYSTEM, INC. TURNED TO THE COMMUNITY AND PARTNERING ORGANIZATIONS REPRESENTING VULNERABLE POPULATIONS WHEN SELECTING AND PRIORITIZING ALLEN COUNTY'S HEALTH NEEDS. THREE COMMUNITY SESSIONS WERE HELD BETWEEN AUGUST 26, 2019 AND SEPTEMBER 4, 2019 TO SHARE THE PARKVIEW'S CHNA RESULTS AND GATHER FEEDBACK FROM THESE LOCAL NON-PROFIT ORGANIZATIONS. IN EACH COMMUNITY ENGAGEMENT MEETING, PARTICIPANTS WORKED IN SMALL GROUPS TO COMPLETE A "ROADMAP" OUTLINING THEIR VISION FOR OUR COMMUNITY, POTENTIAL INTERVENTIONS, BARRIERS AND OTHER FACTORS RELATED TO THE HOSPITAL'S THREE HEALTH PRIORITIES. THE FEEDBACK GATHERED FROM THE COMMUNITY SESSIONS WAS USED IN CREATING OUR IMPLEMENTATION STRATEGY.

FOR THE 2019 CHNA, A MODIFIED HANLON METHOD WAS USED TO PRIORITIZE HEALTH

CONCERNS FOR THE COMMUNITIES PARKVIEW SERVES. THIS METHOD, ALSO KNOWN AS

THE BASIC PRIORITY RATING SYSTEM (BPRS) 2.0, IS RECOMMENDED BY THE

NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS (NACCHO) FOR

PRIORITIZING COMMUNITY HEALTH NEEDS

(GUIDE-TO-PRIORITIZATION-TECHNIQUES.PDF, N.D.). ALTHOUGH COMPLEX TO

IMPLEMENT, IT IS USEFUL WHEN THE DESIRED OUTCOME IS AN OBJECTIVELY

SELECTED LIST. EXPLICIT IDENTIFICATION OF FACTORS MUST BE CONSIDERED TO

SET PRIORITIES, WHICH ENABLES A TRANSPARENT AND REPLICABLE PROCESS.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PRIORITY SCORES ARE CALCULATED BASED ON THE SIZE OF THE HEALTH PROBLEM,

SERIOUSNESS OF THE HEALTH PROBLEM AND THE AVAILABILITY OF EFFECTIVE HEALTH

INTERVENTIONS.

THE INDIANA PARTNERSHIP FOR HEALTHY COMMUNITIES PRESENTED AN OVERVIEW OF
THE REGIONAL CHNA FINDINGS ON JULY 16, 2019, TO ATTENDEES REPRESENTING
PARKVIEW HEALTH SYSTEM, INC. IN TOTAL, OVER 60 INDIVIDUALS PARTICIPATED IN
THE PRIORITIZATION PROCESS, INCLUDING REPRESENTATIVES FROM HOSPITAL
SERVICE LINES, COMMUNITY HOSPITALS, HEALTHCARE PROVIDERS/PHYSICIANS,
EXECUTIVE LEADERSHIP TEAM, COMMUNITY HEALTH AND HOSPITAL BOARD OF
DIRECTORS. AFTER A THOROUGH REVIEW OF THE DATA AND CONSIDERABLE
DISCUSSION, THE GROUP USED AN ELECTRONIC VOTING SYSTEM TO RANK THE VARIOUS
HEALTH NEEDS IDENTIFIED IN THE CHNA. ULTIMATELY, THE GROUP VOTED ON
SUBSTANCE USE DISORDER/MENTAL HEALTH AS THE SHARED HEALTH PRIORITY ACROSS
THE HEALTH SYSTEM.

HEALTH PRIORITIES WERE PRESENTED AND ADOPTED ON NOVEMBER 6, 2019, BY

PARKVIEW HOSPITAL'S COMMUNITY HEALTH IMPROVEMENT COMMITTEE, A COMMITTEE OF

THE PARKVIEW HOSPITAL, INC. BOARD OF DIRECTORS.

ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH, LLC:

PART V, SECTION B, LINE 6A: THE HOSPITAL FACILITY'S CHNA WAS CONDUCTED WITH THE FOLLOWING HOSPITAL FACILITIES:

PARKVIEW HOSPITAL, INC. (EIN 35-0868085); COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC. (EIN 20-2401676); COMMUNITY HOSPITAL OF NOBLE COUNTY, INC.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

(EIN 35-2087092); HUNTINGTON MEMORIAL HOSPITAL, INC. (EIN 35-1970706);

WHITLEY MEMORIAL HOSPITAL, INC. (EIN 35-1967665); AND PARKVIEW WABASH

HOSPITAL, INC. (EIN 47-1753440).

ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH, LLC:

PART V, SECTION B, LINE 6B: THE HOSPITAL FACILITY'S CHNA WAS ALSO

CONDUCTED WITH THE FOLLOWING ORGANIZATIONS OTHER THAN HOSPITAL FACILITIES:

INDIANA PARTNERSHIP FOR HEALTHY COMMUNITIES (A PARTNERSHIP BETWEEN THE

INDIANA UNIVERSITY RICHARD M. FAIRBANKS SCHOOL OF PUBLIC HEALTH AND THE

POLIS CENTER AT IUPUI) AND CONDUENT HEALTHY COMMUNITIES INSTITUTE.

ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH, LLC:

PART V, SECTION B, LINE 11: DESCRIBE HOW THE HOSPITAL FACILITY IS

ADDRESSING THE SIGNIFICANT NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDUCTED

CHNA AND ANY SUCH NEEDS THAT ARE NOT BEING ADDRESSED TOGETHER WITH THE

REASONS WHY SUCH NEEDS ARE NOT BEING ADDRESSED:

SIGNIFICANT HEALTH NEEDS BEING ADDRESSED:

OBESITY: ORTHOPEDIC HOSPITAL AT PARKVIEW NORTH, LLC WILL CONTINUE TO

PARTNER WITH PARKVIEW HOSPITAL, INC. IN ITS EFFORTS TO PROMOTE HEALTHY

LIFESTYLES THROUGH NUTRITION, PHYSICAL ACTIVITY, AND INJURY PREVENTION

EDUCATION IN NORTHEAST INDIANA AND NORTHWEST OHIO. PARKVIEW SPORTS

MEDICINE IS PROUD TO PROVIDE AREA HIGH SCHOOLS, UNIVERSITIES, AND SPORTS

CLUBS - INCLUDING FORT WAYNE COMMUNITY SCHOOLS - WITH MORE THAN 70

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "B, 2," "B, 3," etc.) and name of hospital facility.

ATHLETIC TRAINERS. THE COMMUNITY OUTREACH CERTIFIED ATHLETIC TRAINERS

(ATC) AND NUTRITIONIST CREATED AGE-APPROPRIATE SCHOOL CURRICULA RELATED TO

ACTIVITIES OF HEALTHY LIVING (E.G., NUTRITION CLASSES FOR OUR CLUB SPORT

TEAMS AND INJURY PREVENTION CLASSES AT AREA HIGH SCHOOLS AND COLLEGES

FOCUSING ON ATHLETES AND COACHES). OUR CERTIFIED ATHLETIC TRAINERS SERVE

OVER 40 SCHOOLS AND CLUBS IN NORTHEAST INDIANA AND NORTHWEST OHIO. THEY

WORK AT THE SCHOOLS AND PROMOTE SAFETY ON THE SIDELINES THROUGH PREVENTIVE

SERVICES, INJURY REHABILITATION AND EMERGENCY CARE AT EACH PRACTICE AND

ALL HOME GAMES. THIS APPROACH PROMOTES HEALTHY LIFESTYLES FROM CHILDHOOD

TO THE ADULT ATHLETE.

HEALTH NEEDS IDENTIFIED AND WHY THE HOSPITAL DOES NOT INTEND TO ADDRESS
THESE AS PART OF THE IMPLEMENTATION STRATEGY:

AGING - AGING AND IN-HOME SERVICES OF NORTHEAST INDIANA (AIHS) SERVES

OLDER ADULTS, PERSONS WITH DISABILITIES AND THEIR CAREGIVERS IN NINE

COUNTIES IN NORTHEAST INDIANA. THIS NOT-FOR-PROFIT, COMMUNITY-BASED

ORGANIZATION IS A FEDERAL- AND STATE-DESIGNATED AREA AGENCY ON AGING AND

AN AGING AND DISABILITY RESOURCE CENTER. AIHS PROVIDES STREAMLINED ACCESS

TO INFORMATION, CARE OPTIONS, SHORT-TERM CASE MANAGEMENT AND BENEFIT

ENROLLMENT ACROSS A SPECTRUM OF LONG-TERM CARE SERVICES. THROUGH THE CARE

TRANSITIONS PROGRAM, AIHS PARTNERS WITH PARKVIEW HEALTH TO REDUCE MEDICARE

READMISSIONS. IN ADDITION, THE AGENCY SERVES AS THE INITIAL COORDINATOR

AND FISCAL AGENT FOR HONORING CHOICES INDIANA, WHICH IS AN INITIATIVE

COMMITTED TO PROMOTING AND SUSTAINING ADVANCE CARE PLANNING (ACP) ACROSS

THE STATE TO ENSURE INDIVIDUALS' FUTURE HEALTHCARE PREFERENCES ARE

DISCUSSED, DOCUMENTED, AND HONORED.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "B, 2," "B, 3," etc.) and name of hospital facility.

CARDIOVASCULAR DISEASE/DIABETES - WHILE WE ARE NOT ADDRESSING

CARDIOVASCULAR DISEASE/DIABETES, SPECIFICALLY, WE WILL BE ADDRESSING

OBESITY BY PROMOTING HEALTH AND WELL-BEING. MANY OF OUR OUTREACH

INITIATIVES THAT CURRENTLY ADDRESS OR PREVENT OBESITY WILL CONTINUE AND

MAY PREVENT OR TREAT CHRONIC DISEASE. IN ADDITION, PARKVIEW HOSPITAL, INC.

HAS ADOPTED CARDIOVASCULAR DISEASE/DIABETES AS ONE OF ITS HEALTH

PRIORITIES.

TOBACCO USE - TOBACCO FREE ALLEN COUNTY (TFAC) IS THE LEAD ORGANIZATION IN ALLEN COUNTY, INDIANA, RELATED TO TOBACCO-FREE EFFORTS. TFAC PROVIDES

INFORMATION ON RESOURCES ABOUT LOCAL SMOKING CESSATION PROGRAMS AND ADVOCATES FOR NO-SMOKING PUBLIC POLICY AT THE STATE LEVEL. THEIR GOALS

INCLUDE DECREASING YOUTH AND ADULT TOBACCO USE, INCREASING PROTECTIONS

AGAINST SECOND-HAND SMOKE AND BUILDING/MAINTAINING THE LOCAL TOBACCO

CONTROL INFRASTRUCTURE. PARKVIEW HOSPITAL, INC. IS ALSO A SOURCE FOR SMOKING CESSATION PROGRAMS AND OPERATES A TOBACCO-FREE CAMPUS. IN ADDITION, THE PROGRAM NICOTINE FREE FOR BABY AND ME IS USED TO HELP PREGNANT WOMEN STOP SMOKING AND IS AVAILABLE THROUGH PARKVIEW'S COMMUNITY OUTREACH PROGRAMMING.

MATERNAL/CHILD HEALTH - PARKVIEW ORTHO HOSPITAL'S EXPERTISE IS CLEARLY IN

THE ORTHOPEDIC FIELD. IN ADDITION, PARKVIEW HOSPITAL IS ADDRESSING

MATERNAL/CHILD HEALTH ALONG WITH OTHER COMMUNITY PARTNERS IN ALLEN COUNTY.

SUBSTANCE USE DISORDER/MENTAL HEALTH - AGAIN, PARKVIEW ORTHO HOSPITAL'S

EXPERTISE IS CLEARLY IN THE ORTHOPEDIC FIELD. IN ADDITION, THE OTHER

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

| HOSPITAL ENTITIES OF PARKVIEW HEALTH ALONG WITH VARIOUS COMMUNITY PARTNERS |
|--|
| ARE ADDRESSING SUBSTANCE USE DISORDER/MENTAL HEALTH IN NORTHEAST INDIANA.  |
|  |
| ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH,                                    |
| PART V, LINE 16A, FAP WEBSITE:   |
| HTTPS://WWW.PARKVIEW.COM/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE            |
| ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH,                                    |
| PART V, LINE 16B, FAP APPLICATION WEBSITE:                                 |
| HTTPS://WWW.PARKVIEW.COM/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE            |
|  |
| ORTHOPAEDIC HOSPITAL AT PARKVIEW NORTH,                                    |
| PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:                      |
| HTTPS://WWW.PARKVIEW.COM/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE            |
|  |
|  |
| PART V, SECTION B, LINE 3E:  |
| THE SIGNIFICANT HEALTH NEEDS ARE A PRIORITIZED DESCRIPTION OF THE          |
| SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AND IDENTIFIED THROUGH THE       |
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Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

| Nam | e and address              | Type of Facility (describe) |
|-----|----------------------------|-----------------------------|
| 1   | PARKVIEW PHYSICIANS GROUP  |                             |
|     | 11108 PARKVIEW CIRCLE      |                             |
|     | FORT WAYNE, IN 46845-1730  | PHYSICIAN OFFICE            |
| 2   | PARKVIEW PHYSICIANS GROUP  |                             |
|     | 11109 PARKVIEW PLAZA DRIVE |                             |
|     | FORT WAYNE, IN 46845-1701  | PHYSICIAN OFFICE            |
| 3   | PARKVIEW PHYSICIANS GROUP  |                             |
|     | 1818 CAREW ST              |                             |
|     | FORT WAYNE, IN 46805-4788  | PHYSICIAN OFFICE            |
| 4   | PARKVIEW PHYSICIANS GROUP  |                             |
|     | 11104 PARKVIEW CIRCLE      |                             |
|     | FORT WAYNE, IN 46845-1730  | PHYSICIAN OFFICE            |
| 5   | PARKVIEW PHYSICIANS GROUP  |                             |
|     | 11123 PARKVIEW PLAZA DRIVE |                             |
|     | FORT WAYNE, IN 46845-1707  | PHYSICIAN OFFICE            |
| 6   | PARKVIEW PHYSICIANS GROUP  |                             |
|     | 11141 PARKVIEW PLAZA DRIVE |                             |
|     | FORT WAYNE, IN 46845-1713  | PHYSICIAN OFFICE            |
| 7   | PARKVIEW PHYSICIANS GROUP  |                             |
|     | 3909 NEW VISION DRIVE      |                             |
|     | FORT WAYNE, IN 46845-1725  | PHYSICIAN OFFICE            |
| 8   | PARKVIEW PHYSICIANS GROUP  |                             |
|     | 11050 PARKVIEW CIRCLE      |                             |
|     | FORT WAYNE, IN 46845-1739  | PHYSICIAN OFFICE            |
| 9   | PARKVIEW PHYSICIANS GROUP  |                             |
|     | 2200 RANDALLIA DR          |                             |
|     | FORT WAYNE, IN 46805-4638  | PHYSICIAN OFFICE            |
| 10  | PARKVIEW PHYSICIANS GROUP  |                             |
|     | 11143 PARKVIEW PLAZA DR    | PHYSICIAN OFFICE/PHYSICAL   |
|     | FORT WAYNE, IN 46845-1728  | THERAPY SERVICES            |

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

|           | e and address                | Type of Facility (describe) |
|-----------|------------------------------|-----------------------------|
| <u>11</u> | PARKVIEW PHYSICIANS GROUP    |                             |
|           | 1270 E STATE RD 205          |                             |
|           | COLUMBIA CITY, IN 46725-9492 | PHYSICIAN OFFICE            |
| 12        | PARKVIEW PHYSICIANS GROUP    |                             |
|           | 2003 STULTS RD               |                             |
|           | HUNTINGTON, IN 46750-1291    | PHYSICIAN OFFICE            |
| <u>13</u> | PARKVIEW PHYSICIANS GROUP    |                             |
|           | 8 JOHN KISSINGER DRIVE       |                             |
|           | WABASH, IN 46992-1914        | PHYSICIAN OFFICE            |
| 14        | PARKVIEW PHYSICIANS GROUP    |                             |
|           | 10515 ILLINOIS RD            | PHYSICIAN OFFICE/PHYSICAL   |
|           | FORT WAYNE, IN 46814-9182    | THERAPY SERVICES            |
| 15        | PARKVIEW PHYSICIANS GROUP    |                             |
|           | 1234 E DUPONT RD             |                             |
|           | FORT WAYNE, IN 46825-1545    | PHYSICIAN OFFICE            |
| 16        | PARKVIEW PHYSICIANS GROUP    |                             |
|           | 8911 LIBERTY MILLS RD        |                             |
|           | FORT WAYNE, IN 46804-6311    | PHYSICIAN OFFICE            |
| 17        | PARKVIEW PHYSICIANS GROUP    |                             |
|           | 11055 TWIN CREEKS COVE       |                             |
|           | FORT WAYNE, IN 46845-2204    | PHYSICIAN OFFICE            |
| 18        | PARKVIEW PHYSICIANS GROUP    |                             |
|           | 2708 GUILFORD ST             |                             |
|           | HUNTINGTON, IN 46750-9701    | PHYSICIAN OFFICE            |
| 19        | PARKVIEW PHYSICIANS GROUP    |                             |
|           | 1355 MARINERS DR             |                             |
|           | WARSAW, IN 46582-7145        | PHYSICIAN OFFICE            |
| 20        | PARKVIEW PHYSICIANS GROUP    |                             |
|           | 8028 CARNEGIE BLVD           |                             |
| -         | FORT WAYNE, IN 46804-5787    | PHYSICIAN OFFICE            |
|           |                              | 1 2 2 2 2 2 2 2             |

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

| Name | e and address                    | Type of Facility (describe) |
|------|----------------------------------|-----------------------------|
| 21   | NORTHEAST INDIANA CANCER CTR LLC | Type of Facility (describe) |
|      | 516 E MAUMEE ST                  |                             |
| -    | ANGOLA, IN 46703                 | PHYSICIAN OFFICE            |
| 22   | PARKVIEW PHYSICIANS GROUP        | THISTOTIAN OFFICE           |
|      | 2231 CAREW ST                    |                             |
|      | WAYNE, IN 46805-4713             | PHYSICIAN OFFICE            |
| 23   |                                  | 11112101111, 011101         |
|      | 5693 YMCA PARK DRIVE WEST        |                             |
| •    | FORT WAYNE, IN 46835-3280        | PHYSICIAN OFFICE            |
| 24   |                                  |                             |
|      | 5110 N CLINTON                   |                             |
|      | FORT WAYNE, IN 46825-5735        | PHYSICIAN OFFICE            |
| 25   |                                  |                             |
|      | 1314 E SEVENTH ST                |                             |
|      | AUBURN, IN 46706-2535            | PHYSICIAN OFFICE            |
| 26   | PARKVIEW PHYSICIANS GROUP        |                             |
|      | 4402 E STATE BLVD                |                             |
|      | FORT WAYNE, IN 46815-6917        | PHYSICIAN OFFICE            |
| 27   | IMAGING SYSTEMS HOLDINGS LLC     |                             |
|      | 3707 NEW VISION DRIVE            |                             |
|      | FORT WAYNE, IN 46845             | IMAGING SERVICES            |
| 28   | PARKVIEW PHYSICIANS GROUP        |                             |
|      | 306 E MAUMEE ST                  |                             |
|      | ANGOLA, IN 46703-2035            | PHYSICIAN OFFICE            |
| 29   | PARKVIEW PHYSICIANS GROUP        |                             |
|      | 104 NICHOLAS PLACE               |                             |
|      | AVILLA, IN 46710-0069            | PHYSICIAN OFFICE            |
| 30   | PARKVIEW PHYSICIANS GROUP        |                             |
|      | 1331 MINNICH RD                  |                             |
|      | NEW HAVEN, IN 46774-2051         | PHYSICIAN OFFICE            |

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

| How many non-hospital health | n care facilities did the organization | n operate during the tax year? | 124 |  |
|------------------------------|--|--------------------------------|-----|--|
|                              |  |                                |     |  |

|    | ne and address              | Type of Facility (describe) |
|----|-----------------------------|-----------------------------|
| 31 | PARKVIEW PHYSICIANS GROUP   |                             |
|    | 6920 POINTE INVERNESS WAY   |                             |
|    | FORT WAYNE, IN 46804        | PHYSICIAN OFFICE            |
| 32 | PARKVIEW PHYSICIANS GROUP   |                             |
|    | 885 WEST CONNEXION WAY      |                             |
|    | CITY, IN 46725-1044         | PHYSICIAN OFFICE            |
| 33 | PARKVIEW PHYSICIANS GROUP   |                             |
|    | 1316 E SEVENTH ST           |                             |
|    | AUBURN, IN 46706-2523       | PHYSICIAN OFFICE            |
| 34 |                             |                             |
|    | 3946 ICE WAY                |                             |
|    | FORT WAYNE, IN 46805-1018   | PHYSICAL THERAPY SERVICES   |
| 35 | PARKVIEW PHYSICIANS GROUP   |                             |
|    | 512 NORTH PROFESSIONAL WAY  |                             |
|    | KENDALLVILLE, IN 46755-2927 | PHYSICIAN OFFICE            |
| 36 | PARKVIEW PHYSICIANS GROUP   |                             |
|    | 1720 BEACON ST              |                             |
|    | FORT WAYNE, IN 46805-4749   | PHYSICIAN OFFICE            |
| 37 | PARKVIEW PHYSICIANS GROUP   |                             |
|    | 207 N TOWNLINE RD           |                             |
|    | LAGRANGE, IN 46761-1325     | PHYSICIAN OFFICE            |
| 38 | PARKVIEW PHYSICIANS GROUP   |                             |
|    | 326 SAWYER RD               |                             |
|    | KENDALLVILLE, IN 46755-2573 | PHYSICIAN OFFICE            |
| 39 | PARKVIEW PHYSICIANS GROUP   |                             |
|    | 8233 GLENCARIN BLVD         |                             |
|    | FORT WAYNE, IN 46804-5784   | PHYSICIAN OFFICE            |
| 40 | PARKVIEW PHYSICIANS GROUP   |                             |
|    | 1310 E SEVENTH ST           |                             |
|    | AUBURN, IN 46706-2518       | PHYSICIAN OFFICE            |

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

| Nam       | e and address                   | Type of Facility (describe) |
|-----------|---------------------------------|-----------------------------|
| 41        | PARKVIEW PHYSICIANS GROUP       |                             |
|           | 2512 E DUPONT RD STE 100        |                             |
|           | FORT WAYNE, IN 46804-4128       | PHYSICIAN OFFICE            |
| 42        | PARKVIEW PHYSICIANS GROUP       |                             |
|           | 916 W 7TH ST                    |                             |
|           | AUBURN, IN 46706-2013           | PHYSICIAN OFFICE            |
| 43        | PARKVIEW PHYSICIANS GROUP       |                             |
|           | 1104 N WAYNE ST                 |                             |
|           | NORTH MANCHESTER, IN 46962-1001 | PHYSICIAN OFFICE            |
| 44        | PARKVIEW PHYSICIANS GROUP       |                             |
|           | 401 N SAWYER RD                 |                             |
|           | KENDALLVILLE, IN 46755-2568     | PHYSICIAN OFFICE            |
| 45        | PARKVIEW PHYSICIANS GROUP       |                             |
|           | 10620 CORPORATE DRIVE           |                             |
|           | FORT WAYNE, IN 46845-1711       | PHYSICIAN OFFICE            |
| 46        | PARKVIEW PHYSICIANS GROUP       |                             |
|           | 5050 N CLINTON ST               |                             |
|           | FORT WAYNE, IN 46825-5886       | PHYSICAL THERAPY SERVICES   |
| <u>47</u> | PARKVIEW PHYSICIANS GROUP       |                             |
|           | 1655 N CASS ST                  |                             |
|           | WABASH, IN 46992-1916           | PHYSICIAN OFFICE            |
| 48        | PARKVIEW PHYSICIANS GROUP       |                             |
|           | 3828 NEW VISION DR              |                             |
|           | FORT WAYNE, IN 46845-1708       | PHYSICIAN OFFICE            |
| 49        | PARKVIEW PHYSICIANS GROUP       |                             |
|           | 8607 TEMPLE DRIVE               |                             |
|           | FORT WAYNE, IN 46809            | PHYSICIAN OFFICE            |
| 50        | PARKVIEW PHYSICIANS GROUP       |                             |
|           | 1464 LINCOLNWAY SOUTH           |                             |
|           | LIGONIER, IN 46767-9601         | PHYSICIAN OFFICE            |

| Part V   Facility information (continue | Part V | y Information (continued) |
|---|--------|---------------------------|
|---|--------|---------------------------|

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

| How many non-hospital health | n care facilities did the organization | n operate during the tax year? | 124 |  |
|------------------------------|--|--------------------------------|-----|--|
|                              |  |                                |     |  |

|    | e and address                | Type of Facility (describe) |
|----|------------------------------|-----------------------------|
| 51 | PARKVIEW PHYSICIANS GROUP    |                             |
|    | 8175 W US 20                 |                             |
|    | SHIPSHEWANA, IN 46565        | PHYSICIAN OFFICE            |
| 52 | PARKVIEW PHYSICIANS GROUP    |                             |
|    | 4084 NORTH US HIGHWAY 33     |                             |
|    | CHURUBUSCO, IN 46723-9563    | PHYSICIAN OFFICE            |
| 53 | PARKVIEW PHYSICIANS GROUP    |                             |
|    | 1306 E 7TH ST STE A          |                             |
|    | AUBURN, IN 46706-2537        | PHYSICIAN OFFICE            |
| 54 |                              |                             |
|    | 577 GEIGER DRIVE             |                             |
|    | ROANOKE, IN 46783-8877       | PHYSICIAN OFFICE            |
| 55 | PARKVIEW PHYSICIANS GROUP    |                             |
|    | 620 W NORTH ST               |                             |
|    | COLUMBIA CITY, IN 46725-1214 | PHYSICIAN OFFICE            |
| 56 |                              |                             |
|    | 11130 PARKVIEW CIRCLE DR     |                             |
|    | FORT WAYNE, IN 46845-1735    | PHYSICAL THERAPY SERVICES   |
| 57 | PARKVIEW PHYSICIANS GROUP    |                             |
|    | 13430 MAIN ST                |                             |
|    | GRABILL, IN 46741-2001       | PHYSICIAN OFFICE            |
| 58 | PARKVIEW PHYSICIANS GROUP    |                             |
|    | 1007 W RUDISILL BLVD         |                             |
|    | FORT WAYNE, IN 46807-2170    | PHYSICIAN OFFICE            |
| 59 | PARKVIEW PHYSICIANS GROUP    |                             |
|    | 128 N RANDOLPH ST            |                             |
|    | GARRETT, IN 46738-1138       | PHYSICIAN OFFICE            |
| 60 | PARKVIEW PHYSICIANS GROUP    |                             |
|    | 5680 YMCA PARK DRIVE WEST    |                             |
|    | FORT WAYNE, IN 46835         | PHYSICIAN OFFICE            |

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

| Nam | e and address                     | Type of Facility (describe) |
|-----|-----------------------------------|-----------------------------|
| 61  | PARKVIEW PHYSICIANS GROUP         |                             |
|     | 817 TRAIL RIDGE RD                |                             |
|     | ALBION, IN 46701-1534             | PHYSICIAN OFFICE            |
| 62  | PARKVIEW PHYSICIANS GROUP         |                             |
|     | 6108 MAPLECREST RD                |                             |
|     | FORT WAYNE, IN 46835-2524         | PHYSICIAN OFFICE            |
| 63  | PARKVIEW PHYSICIANS GROUP         |                             |
|     | 410 SAWYER RD                     |                             |
|     | KENDALLVILLE, IN 46755-2573       | PHYSICIAN OFFICE            |
| 64  | PARKVIEW PHYSICIANS GROUP         |                             |
|     | 2814 THEATER AVE                  |                             |
|     | HUNTINGTON, IN 46750-7978         | PHYSICIAN OFFICE            |
| 65  | PARKVIEW PHYSICIANS GROUP         |                             |
|     | 2001 STULTS RD                    |                             |
|     | HUNTINGTON, IN 46750-1291         | PHYSICIAN OFFICE            |
| 66  | PARKVIEW PHYSICIANS GROUP         |                             |
|     | 2600 N DETROIT ST                 |                             |
|     | LAGRANGE, IN 46761-1154           | PHYSICIAN OFFICE            |
| 67  | PARKVIEW PHYSICIANS GROUP         |                             |
|     | 420 SAWYER RD                     |                             |
|     | KENDALLVILLE, IN 46755-2572       | PHYSICIAN OFFICE            |
| 68  | PARKVIEW PHYSICIANS GROUP         |                             |
|     | 4665 STATE RD 5                   |                             |
|     | SOUTH WHITLEY, IN 46787-9101      | PHYSICIAN OFFICE            |
| 69  | PARKVIEW PHYSICIANS GROUP         |                             |
|     | 7030 POINTE INVERNESS WAY STE 335 |                             |
|     | FORT WAYNE, IN 46804-9298         | PHYSICIAN OFFICE            |
| 70  | PARKVIEW PHYSICIANS GROUP         |                             |
|     | 12124 LIMA RD                     |                             |
|     | FORT WAYNE, IN 46818-9508         | PHYSICAL THERAPY SERVICES   |

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

|    | e and address                | Type of Facility (describe) |
|----|------------------------------|-----------------------------|
| 71 | PARKVIEW PHYSICIANS GROUP    |                             |
|    | 1260 E STATE RD 205          |                             |
|    | COLUMBIA CITY, IN 46725-9492 | PHYSICIAN OFFICE            |
| 72 | PARKVIEW PHYSICIANS GROUP    |                             |
|    | 5 MATCHETTE DRIVE            |                             |
|    | PIERCETON, IN 46562-9073     | PHYSICIAN OFFICE            |
| 73 | PARKVIEW PHYSICIANS GROUP    |                             |
|    | 2500 EAST BELLEFONTAINE RD   |                             |
|    | HAMILTON, IN 46742-9352      | PHYSICIAN OFFICE            |
| 74 | PARKVIEW PHYSICIANS GROUP    |                             |
|    | 10012 AUBURN PARK DR         |                             |
|    | FORT WAYNE, IN 46825         | PHYSICIAN OFFICE            |
| 75 | PARKVIEW PHYSICIANS GROUP    |                             |
|    | 470 BENNETT DRIVE            |                             |
|    | WARREN, IN 46792-9272        | PHYSICIAN OFFICE            |
| 76 | PARKVIEW PHYSICIANS GROUP    |                             |
|    | 200 INTERTECH PARKWAY        |                             |
|    | ANGOLA, IN 46703-7346        | PHYSICAL THERAPY SERVICES   |
| 77 | PARKVIEW PHYSICIANS GROUP    |                             |
|    | 409 E WASHINGTON ST          |                             |
|    | BUTLER, IN 46721-1175        | PHYSICIAN OFFICE            |
| 78 | PARKVIEW PHYSICIANS GROUP    |                             |
|    | 1517 CATALPA ST              |                             |
|    | FORT WAYNE, IN 46802         | PHYSICIAN OFFICE            |
| 79 | PARKVIEW PHYSICIANS GROUP    |                             |
|    | 412 SAWYER RD                |                             |
|    | KENDALLVILLE, IN 46755-2572  | PHYSICIAN OFFICE            |
| 80 |                              |                             |
|    | 838 S HARRISON ST            |                             |
|    | FORT WAYNE, IN 46802-2206    | PHYSICAL THERAPY SERVICES   |

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

| How many non-hospital health | n care facilities did the organization | n operate during the tax year? | 124 |  |
|------------------------------|--|--------------------------------|-----|--|
|                              |  |                                |     |  |

|    | e and address                   | Type of Facility (describe) |
|----|---------------------------------|-----------------------------|
| 81 | PARKVIEW PHYSICIANS GROUP       |                             |
|    | 3905 CARROLL RD                 |                             |
|    | FORT WAYNE, IN 46818-9528       | PHYSICIAN OFFICE            |
| 82 | PARKVIEW PHYSICIANS GROUP       |                             |
|    | 213 FAIRVIEW BLVD               |                             |
|    | KENDALLVILLE, IN 46755-2988     | PHYSICIAN OFFICE            |
| 83 |                                 |                             |
|    | 710 N EAST ST                   |                             |
|    | WABASH, IN 46992-1914           | PHYSICIAN OFFICE            |
| 84 |                                 |                             |
|    | 10 JOHN KISSINGER DRIVE         |                             |
|    | WABASH, IN 46992-1914           | PHYSICIAN OFFICE            |
| 85 | PARKVIEW PHYSICIANS GROUP       |                             |
|    | 2701 SPRING ST                  |                             |
|    | FORT WAYNE, IN 46808-3939       | PHYSICIAN OFFICE            |
| 86 | PARKVIEW PHYSICIANS GROUP       |                             |
|    | 1 UNIVERSITY AVE                |                             |
|    | ANGOLA, IN 46703-1764           | PHYSICIAN OFFICE            |
| 87 | PARKVIEW PHYSICIANS GROUP       |                             |
|    | 815 HIGH ST STE B               |                             |
|    | DECATUR, IN 46733-2351          | PHYSICIAN OFFICE            |
| 88 | PARKVIEW PHYSICIANS GROUP       |                             |
|    | 1129 FIRST ST                   |                             |
|    | HUNTINGTON, IN 46750-2313       | PHYSICIAN OFFICE            |
| 89 | PARKVIEW PHYSICIANS GROUP       |                             |
|    | 604 E COLLEGE AVE               |                             |
|    | NORTH MANCHESTER, IN 46962-1276 | PHYSICIAN OFFICE            |
| 90 | PARKVIEW PHYSICIANS GROUP       |                             |
|    | 1169 N MAIN ST                  |                             |
|    | BLUFFTON, IN 46714-1360         | PHYSICIAN OFFICE            |

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

| Name | and address                  | Type of Facility (describe) |
|------|------------------------------|-----------------------------|
| 91   | PARKVIEW PHYSICIANS GROUP    |                             |
|      | 303 SOUTH MAIN ST STE 404    |                             |
|      | BLUFFTON, IN 46714-2503      | PHYSICIAN OFFICE            |
| 92   | PARKVIEW PHYSICIANS GROUP    |                             |
|      | 801 E HOUSTON ST             |                             |
|      | GARRETT, IN 46738-1662       | PHYSICIAN OFFICE            |
| 93   | PARKVIEW PHYSICIANS GROUP    |                             |
|      | 3898 NEW VISION DR STE D     |                             |
|      | FORT WAYNE, IN 46845-1718    | PHYSICIAN OFFICE            |
| 94   | PARKVIEW PHYSICIANS GROUP    |                             |
|      | 1600 E WASHINGTON BLVD       |                             |
|      | FORT WAYNE, IN 46803-1228    | PHYSICIAN OFFICE            |
| 95   | PARKVIEW PHYSICIANS GROUP    |                             |
|      | 344 N MAIN ST                |                             |
|      | COLUMBIA CITY, IN 46725-1745 | PHYSICIAN OFFICE            |
| 96   | PARKVIEW PHYSICIANS GROUP    |                             |
|      | 1516 LEESBURG RD             |                             |
|      | FORT WAYNE, IN 46808         | PHYSICIAN OFFICE            |
| 97   | PARKVIEW PHYSICIANS GROUP    |                             |
|      | 1050 PRODUCTION RD           |                             |
|      | FORT WAYNE, IN 46808         | PHYSICIAN OFFICE            |
| 98   | PARKVIEW PHYSICIANS GROUP    |                             |
|      | 2303 COLLEGE AVE             |                             |
|      | HUNTINGTON, IN 46750-1237    | PHYSICIAN OFFICE            |
| 99   | PARKVIEW PHYSICIANS GROUP    |                             |
|      | 11725 LINCOLN HWY E          |                             |
|      | NEW HAVEN, IN 46774          | PHYSICIAN OFFICE            |
| 100  | PARKVIEW PHYSICIANS GROUP    |                             |
|      | 5104 N CLINTON               |                             |
|      | WAYNE, IN 46825-5720         | PHYSICIAN OFFICE            |

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

| How many non-hospital health | n care facilities did the organization | n operate during the tax year? | 124 |  |
|------------------------------|--|--------------------------------|-----|--|
|                              |  |                                |     |  |

| Name and address               | Type of Facility (describe) |
|--------------------------------|-----------------------------|
| 101 PARKVIEW PHYSICIANS GROUP  |                             |
| 10307 DUPONT CIRCLE DR W STE B |                             |
| FORT WAYNE, IN 46825-1633      | PHYSICIAN OFFICE            |
| 102 PARKVIEW PHYSICIANS GROUP  |                             |
| 1381 N WAYNE ST                |                             |
| ANGOLA, IN 46703-2348          | PHYSICIAN OFFICE            |
| 103 PARKVIEW PHYSICIANS GROUP  |                             |
| 2414 E STATE BLVD STE 101      |                             |
| FORT WAYNE, IN 46805-4760      | PHYSICIAN OFFICE            |
| 104 PARKVIEW PHYSICIANS GROUP  |                             |
| 11115 PARKVIEW PLAZA DRIVE     |                             |
| FORT WAYNE, IN 46845-1701      | PHYSICIAN OFFICE            |
| 105 PARKVIEW PHYSICIANS GROUP  |                             |
| 516 E MAUMEE ST                |                             |
| ANGOLA, IN 46703               | CANCER TREATMENTS           |
| 106 PARKVIEW PHYSICIANS GROUP  |                             |
| 6130 TRIER RD                  |                             |
| FORT WAYNE, IN 46815-5378      | PHYSICIAN OFFICE            |
| 107 PARKVIEW PHYSICIANS GROUP  |                             |
| 3816 NEW VISION DRIVE          |                             |
| FORT WAYNE, IN 46845-1708      | PHYSICIAN OFFICE            |
| 108 PARKVIEW PHYSICIANS GROUP  |                             |
| 7900 W JEFFERSON BLVD STE 301  |                             |
| FORT WAYNE, IN 46804-4128      | PHYSICIAN OFFICE            |
| 109 PARKVIEW PHYSICIANS GROUP  |                             |
| 2812 THEATER AVE               |                             |
| HUNTINGTON, IN 46750           | PHYSICIAN OFFICE            |
| 110 PARKVIEW PHYSICIANS GROUP  |                             |
| 8004 CARNEGIE BLVD             |                             |
| FORT WAYNE, IN 46804-5785      | PHYSICIAN OFFICE            |

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

| How many non-hospital health | n care facilities did the organization | n operate during the tax year? | 124 |  |
|------------------------------|--|--------------------------------|-----|--|
|                              |  |                                |     |  |

| Name and address             | Type of Facility (describe) |
|------------------------------|-----------------------------|
| 111 PARKVIEW PHYSICIANS GROU | P                           |
| 1515 HOBSON RD               |                             |
| FORT WAYNE, IN 46805-480     |                             |
| 112 PARKVIEW PHYSICIANS GROU | P                           |
| 1025 MANCHESTER AVE          |                             |
| WABASH, IN 46992-1425        | PHYSICIAN OFFICE            |
| 113 PARKVIEW PHYSICIANS GROU | P                           |
| 1095 W RUDISILL BLVD         |                             |
| FORT WAYNE, IN 46807-216     |                             |
| 114 PARKVIEW PHYSICIANS GROU | P                           |
| 112 S MAIN ST                |                             |
| MILFORD, IN 46542            | PHYSICIAN OFFICE            |
| 115 PARKVIEW PHYSICIANS GROU | P                           |
| 150 GROWTH PARKWAY           |                             |
| ANGOLA, IN 46703-9313        | PHYSICIAN OFFICE            |
| 116 PARKVIEW PHYSICIANS GROU | P                           |
| 15707 OLD LIMA RD            |                             |
| HUNTERTOWN, IN 46748         | PHYSICIAN OFFICE            |
| 117 PARKVIEW PHYSICIANS GROU | P                           |
| 1900 CAREW ST STE 3A         |                             |
| FORT WAYNE, IN 46805-476     |                             |
| 118 PARKVIEW PHYSICIANS GROU | P                           |
| 203 EAST DOUGLAS AVE         |                             |
| FORT WAYNE, IN 46802-353     |                             |
| 119 PARKVIEW PHYSICIANS GROU | P                           |
| 2710 LAKE AVENUE             |                             |
| FORT WAYNE, IN 46805-541     |                             |
| 120 PARKVIEW PHYSICIANS GROU | P                           |
| 2930 LAKE AVENUE             |                             |
| FORT WAYNE, IN 46805-541     | 6 PHYSICIAN OFFICE          |

| Part V | Facility | Information | (continued |
|--------|----------|-------------|------------|

| (list in order of size, from largest to smallest)                                   |                             |
|---|-----------------------------|
| How many non-hospital health care facilities did the organization operate during th | e tax year?                 |
| Name and address  | Type of Facility (describe) |
| 121 PARKVIEW PHYSICIANS GROUP 3974 NEW VISION DRIVE FORT WAYNE, IN 46845-1712       | PHYSICIAN OFFICE            |
| 122 PARKVIEW PHYSICIANS GROUP 400 ASH ST WABASH, IN 46992-1954                      | PHYSICIAN OFFICE            |
| 123 PARKVIEW PHYSICIANS GROUP 410 E MITCHELL ST                                     | PHISICIAN OFFICE            |
| KENDALLVILLE, IN 46755-1890 124 PARKVIEW PHYSICIANS GROUP 4666 W JEFFERSON BLVD     | PHYSICIAN OFFICE            |
| FORT WAYNE, IN 46804-6892   | PHYSICIAN OFFICE            |
|   |                             |
|   |                             |
|   |                             |
|   |                             |
|   |                             |
|   |                             |

# Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9h
- 2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds. etc.).
- 6 Affiliated health care system. If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- **7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

#### PART I, LINE 3C:

EQUITY IN A HOME OTHER THAN THE PATIENT OR GUARANTOR'S PRIMARY RESIDENCE.

#### PART I, LINE 6A:

THE RELATED ENTITIES OF PARKVIEW HEALTH SYSTEM, INC. (EIN 35-1972384);

PARKVIEW HOSPITAL, INC. (EIN 35-0868085); COMMUNITY HOSPITAL OF LAGRANGE

COUNTY, INC. (EIN 20-2401676); COMMUNITY HOSPITAL OF NOBLE COUNTY, INC.

(EIN 35-2087092); HUNTINGTON MEMORIAL HOSPITAL, INC. (EIN 35-1970706);

WHITLEY MEMORIAL HOSPITAL, INC. (EIN 35-1967665); DEKALB MEMORIAL

HOSPITAL, INC. (EIN 35-1064295; PARK CENTER, INC. (EIN 35-1135451); AND

PARKVIEW WABASH HOSPITAL, INC. (EIN 47-1753440) PREPARED A COMBINED REPORT

TO THE COMMUNITY DETAILING COMMUNITY BENEFIT PROGRAMS AND SERVICES.

## PART I, LINE 7:

NOTE TO READER - THE AMOUNTS LISTED ON LINES 7A-C REFLECT ONLY THE

FINANCIAL ASSISTANCE AND MEANS-TESTED GOVERNMENT PROGRAMS OF ORTHOPAEDIC

HOSPITAL AT PARKVIEW NORTH, LLC AS PARKVIEW HEALTH SYSTEM, INC.'S MEMBER

HOSPITALS OF PARKVIEW HOSPITAL, INC. (EIN 35-0868085); COMMUNITY HOSPITAL

OF LAGRANGE COUNTY, INC. (EIN 20-2401676); COMMUNITY HOSPITAL OF NOBLE

COUNTY, INC. (EIN 35-2087092); HUNTINGTON MEMORIAL HOSPITAL, INC. (EIN

35-1970706); WHITLEY MEMORIAL HOSPITAL, INC. (EIN 35-1967665); AND

PARKVIEW WABASH HOSPITAL, INC. (EIN 47-1753440) DEKALB MEMORIAL HOSPITAL,

INC. (EIN 35-1064295) PARK CENTER, INC. (EIN 35-1135451) FILE THEIR OWN

RESPECTIVE FORM 990.

#### PART I, LINE 7A

THE FINANCIAL ASSISTANCE COST REPORTED ON LINE 7A IS CALCULATED UNDER THE

COST TO CHARGE RATIO METHODOLOGY. UNDER THIS METHOD, THE FINANCIAL

ASSISTANCE CHARGES FOREGONE ARE MULTIPLIED BY THE RATIO OF COST TO CHARGES

TO DETERMINE THE COST OF SERVICES RENDERED.

# PART I, LINE 7B

PARKVIEW HEALTH SYSTEM, INC. ACCEPTS ALL MEDICAID, MEDICAID MANAGED CARE, AND OUT-OF-STATE MEDICAID PATIENTS WITH THE KNOWLEDGE THAT THERE MAY BE SHORTFALLS. INTERNAL REVENUE SERVICE (IRS) REVENUE RULING 69-545 IMPLIES THAT TREATING MEDICAID PATIENTS IS A COMMUNITY BENEFIT. IRS REVENUE RULING 69-545, WHICH ESTABLISHED THE COMMUNITY BENEFIT STANDARD FOR NONPROFIT HOSPITALS, STATES THAT IF A HOSPITAL SERVES PATIENTS WITH GOVERNMENTAL HEALTH BENEFITS, INCLUDING MEDICAID, THEN THIS IS AN INDICATION THAT THE HOSPITAL OPERATES TO PROMOTE THE HEALTH OF THE THE UNREIMBURSED MEDICAID COST REPORTED ON LINE 7B IS COMMUNITY. CALCULATED UNDER THE COST TO CHARGE RATIO METHODOLOGY. UNDER THIS METHOD, THE MEDICAID CHARGES ARE MULTIPLIED BY THE RATIO OF COST TO CHARGES TO DETERMINE THE COST OF MEDICAID SERVICES RENDERED. THEN, THE COST OF MEDICAID SERVICES RENDERED IS DEDUCTED FROM THE REIMBURSEMENT RECEIVED FOR MEDICAID PATIENTS TO ARRIVE AT A GAIN/(LOSS) RELATIVE TO THESE PATIENTS.

PART I, LINE 7C

PARKVIEW HEALTH SYSTEM, INC. ACCEPTS ALL MEANS-TESTED PATIENTS FROM THE HEALTHY INDIANA PLAN (HIP) WITH THE KNOWLEDGE THAT THERE MAY BE INTERNAL REVENUE SERVICE (IRS) REVENUE RULING 69-545 IMPLIES SHORTFALLS. THAT TREATING MEANS-TESTED PATIENTS IS A COMMUNITY BENEFIT. IRS REVENUE RULING 69-545, WHICH ESTABLISHED THE COMMUNITY BENEFIT STANDARD FOR NONPROFIT HOSPITALS, STATES THAT IF A HOSPITAL SERVES PATIENTS WITH GOVERNMENTAL HEALTH BENEFITS, INCLUDING HIP, THEN THIS IS AN INDICATION THAT THE HOSPITAL OPERATES TO PROMOTE THE HEALTH OF THE COMMUNITY. THE UNREIMBURSED HIP COST REPORTED ON LINE 7C IS CALCULATED UNDER THE COST TO CHARGE RATIO METHODOLOGY. UNDER THIS METHOD, THE HIP CHARGES ARE MULTIPLIED BY THE RATIO OF COST TO CHARGES TO DETERMINE THE COST OF HIP SERVICES RENDERED. THEN, THE COST OF HIP SERVICES RENDERED IS DEDUCTED FROM THE REIMBURSEMENT RECEIVED FOR HIP PATIENTS TO ARRIVE AT A GAIN/(LOSS) RELATIVE TO THESE PATIENTS.

PART I, LINE 7E

AMOUNTS PRESENTED ARE BASED ON ACTUAL SPEND FOR THOSE SERVICES AND

BENEFITS PROVIDED DEEMED TO IMPROVE THE HEALTH OF THE COMMUNITIES IN WHICH

WE SERVE AND CONFORM WITH THE MISSION OF OUR EXEMPT PURPOSE.

PART I, LINE 7F

AMOUNTS PRESENTED ARE BASED UPON ACTUAL SPEND AND ARE IN CONFORMITY WITH AGREED UPON COMMITMENTS WITH THE VARIOUS EDUCATIONAL PROGRAMS.

PART I, LINE 7G

AMOUNTS PRESENTED ARE PHYSICIAN PRACTICES THAT PROVIDE SERVICES THAT MEET

Part VI | Supplemental Information (Continuation)

IDENTIFIED COMMUNITY NEEDS DESPITE PRODUCING FINANCIAL LOSSES.

PART I, LINE 7I

IN KEEPING WITH OUR MISSION AND COMMITMENT TO THE COMMUNITIES IN WHICH WE SERVE, PARKVIEW HEALTH SYSTEM, INC. CONTINUES ITS TRADITION OF

CONTRIBUTING TO NUMEROUS ORGANIZATIONS ON BOTH AN AS-NEEDED BASIS AND NEGOTIATED BASIS. AMOUNTS PRESENTED REPRESENT ACTUAL SPEND TO ORGANIZATIONS THROUGHOUT OUR COMMUNITIES.

PART II, COMMUNITY BUILDING ACTIVITIES:

DESCRIBE HOW THE ORGANIZATION'S COMMUNITY BUILDING ACTIVITIES, AS
REPORTED, PROMOTE THE HEALTH OF THE COMMUNITIES THE ORGANIZATION SERVES.

PARKVIEW HEALTH SYSTEM, INC. HAS A STRONG COMMITMENT TO SUPPORTING AND
ENHANCING THE VITALITY OF OUR COMMUNITY AND THE NORTHEAST INDIANA REGION.
PARKVIEW INVESTS IN PROJECTS THAT IMPROVE THE HEALTH AND INSPIRE THE
WELL-BEING OF THE COMMUNITY.

### PHYSICAL IMPROVEMENTS/HOUSING:

THE PARKVIEW FAMILY PARK IS A RECREATIONAL PARK AREA LOCATED ON THE NORTH

FORT WAYNE CAMPUS, WHICH IS THE HOME TO THE PARKVIEW REGIONAL MEDICAL

CENTER. PARKVIEW HEALTH SYSTEM, INC. MAKES THE PARK AVAILABLE TO THE

GENERAL PUBLIC AND MAINTAINS THE PROPERTY TO ENHANCE THE COMMUNITY AND

PROMOTE PHYSICAL ACTIVITY.

#### ECONOMIC DEVELOPMENT:

PARKVIEW HEALTH SYSTEM, INC. FOSTERS ECONOMIC DEVELOPMENT IN SEVERAL WAYS.

PARKVIEW HEALTH SYSTEM, INC. HAS PLAYED A KEY ROLE IN THE NORTHEAST

INDIANA REGIONAL PARTNERSHIP'S VISION 2030, AN INITIATIVE DESIGNED TO
TRANSFORM NORTHEAST INDIANA INTO A TOP TIER GLOBAL COMPETITOR BY FOCUSING
ON A COMMON MISSION TO DEVELOP, ATTRACT AND RETAIN TALENT. PARKVIEW HEALTH
SYSTEM, INC. HAS BEEN INSTRUMENTAL IN WORKING WITH THIS GROUP OF COMMUNITY
REPRESENTATIVES FROM BUSINESS, EDUCATION, GOVERNMENT AND FOUNDATION
SECTORS TO DEVELOP A COMPELLING AND ACTIONABLE VISION FOR THE 11-COUNTY
NORTHEAST INDIANA REGION. VISION 2030'S PRIORITIES ARE TO INCREASE PER
CAPITA PERSONAL INCOME, POPULATION SIZE, AND POST-SECONDARY AND
CERTIFICATE ATTAINMENT IN NORTHEAST INDIANA. COMMUNITY PARTNERSHIP
FUNDING WAS PROVIDED TO ELEVATE VENTURES, INC. TO SUPPORT THESE EFFORTS.

THE HEALTH SYSTEM CONTINUES TO CONTRIBUTE TO DOWNTOWN FORT WAYNE

REVITALIZATION EFFORTS THROUGH A DONATION TO THE FORT WAYNE REDEVELOPMENT

COMMISSION FOR ANNUAL MAINTENANCE COSTS FOR THE PARKVIEW FIELD BALLPARK,

HOME TO THE FORT WAYNE TIN CAPS MINOR LEAGUE BASEBALL TEAM. COMPLETED IN

2009, THE BASEBALL PARK SERVED AS A SPRINGBOARD TO SIGNIFICANT DOWNTOWN

DEVELOPMENT AND REVITALIZATION.

# LEADERSHIP DEVELOPMENT/TRAINING FOR COMMUNITY MEMBERS:

PARKVIEW HEALTH SYSTEM, INC. SUPPORTS LEADERSHIP DEVELOPMENT IN THE

COMMUNITY IN CONJUNCTION WITH ECONOMIC DEVELOPMENT EFFORTS TO IMPROVE THE

QUALITY OF LIFE IN ALLEN COUNTY AND THE REGION. STRONG LEADERS PLAY A KEY

ROLE IN BUILDING THRIVING COMMUNITIES.

PARKVIEW'S COMMUNITY PARTNER DEVELOPMENT CENTER WAS CREATED TO PROVIDE

TOOLS AND RESOURCES FOR LOCAL NON-PROFIT ORGANIZATIONS AND THEIR LEADERS

THROUGH TRAINING, COACHING, ORGANIZATIONAL DEVELOPMENT AND STRATEGIC

PLANNING.

PART III, LINE 2:

FOR FINANCIAL STATEMENT PURPOSES, THE ORGANIZATION HAS ADOPTED ACCOUNTING

STANDARDS UPDATE NO. 2014-09 (TOPIC 606). IMPLICIT PRICE CONCESSIONS

INCLUDES BAD DEBTS. THEREFORE, BAD DEBTS ARE INCLUDED IN NET PATIENT

REVENUE IN ACCORDANCE WITH HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION

STATEMENT NO. 15 AND BAD DEBT EXPENSE IS NOT SEPARATELY REPORTED AS AN EXPENSE.

PART III, LINE 4:

BAD DEBT EXPENSE - PARKVIEW HEALTH SYSTEM, INC. AND SUBSIDIARIES - NOTES
TO THE CONSOLIDATED FINANCIAL STATEMENTS

TEXT OF THE FOOTNOTE TO THE ORGANIZATION'S FINANCIAL STATEMENTS THAT

DESCRIBES BAD DEBT EXPENSE OR THE PAGE NUMBER ON WHICH THIS FOOTNOTE IS

CONTAINED IN THE ATTACHED FINANCIAL STATEMENTS:

PAGES 12 AND 23 - 26 OF ATTACHED FINANCIAL STATEMENTS.

PART III, LINE 8:

COMMUNITY BENEFIT & METHODOLOGY FOR DETERMINING MEDICARE COSTS

SUBSTANTIAL SHORTFALLS TYPICALLY ARISE FROM PAYMENTS THAT ARE LESS THAN

THE COST TO PROVIDE THE CARE OR SERVICES AND DO NOT INCLUDE ANY AMOUNTS

RELATING TO INEFFICIENT OR POOR MANAGEMENT. PARKVIEW HEALTH SYSTEM, INC.

ACCEPTS ALL MEDICARE PATIENTS, AS REFLECTED ON THE YEAR-END MEDICARE COST

REPORT, WITH THE KNOWLEDGE THAT THERE MAY BE SHORTFALLS. INTERNAL REVENUE

SERVICE (IRS) REVENUE RULING 69-545 IMPLIES THAT TREATING MEDICARE

PATIENTS IS A COMMUNITY BENEFIT. IRS REVENUE RULING 69-545, WHICH

ESTABLISHED THE COMMUNITY BENEFIT STANDARD FOR NONPROFIT HOSPITALS, STATES THAT IF A HOSPITAL SERVES PATIENTS WITH GOVERNMENTAL HEALTH BENEFITS, INCLUDING MEDICARE, THEN THIS IS AN INDICATION THAT THE HOSPITAL OPERATES TO PROMOTE THE HEALTH OF THE COMMUNITY. HOWEVER, MEDICARE PAYMENTS REPRESENT A PROXY OF COST CALLED THE "UPPER PAYMENT LIMIT." HISTORICALLY BEEN ASSUMED THAT UPPER PAYMENT LIMIT PAYMENTS DO NOT GENERATE A SHORTFALL. AS A RESULT, PARKVIEW HEALTH SYSTEM, INC. HAS TAKEN THE POSITION NOT TO INCLUDE THE MEDICARE SHORTFALLS OR SURPLUSES AS PART OF COMMUNITY BENEFIT. PARKVIEW HEALTH SYSTEM, INC. RECOGNIZES THAT THE SHORTFALL OR SURPLUS FROM MEDICARE DOES NOT INCLUDE THE COSTS AND REVENUES ASSOCIATED WITH MEDICARE ADVANTAGE PATIENTS. AS SUCH, THE TOTAL SHORTFALL OR SURPLUS OF MEDICARE IS UNDERSTATED DUE TO THE COSTS AND REVENUES ASSOCIATED WITH MEDICARE ADVANTAGE PATIENTS NOT BEING INCLUDED IN THE COMMUNITY BENEFIT DETERMINATION.

# PART III, LINE 9B:

A PATIENT'S FAILURE TO MAKE PAYMENT ARRANGEMENTS THROUGH VARIOUS AVAILABLE
PAYMENT OPTIONS OR FAILURE TO APPLY FOR AND RECEIVE APPROVAL UNDER THE
FINANCIAL ASSISTANCE POLICY MAY RESULT IN THE ACCOUNT BEING REFERRED TO A
COLLECTION AGENCY DUE TO NON-PAYMENT. THE COLLECTION AGENCY MAY REPORT THE
ACCOUNT TO ONE OR ALL THREE CREDIT REPORTING AGENCIES, WHICH MAY ADVERSELY
AFFECT THE PATIENT'S CREDIT SCORE.

A PATIENT MAY APPLY FOR FINANCIAL ASSISTANCE AT ANY TIME DURING THE

APPLICATION PERIOD, EVEN IF THE ACCOUNT HAS BEEN PLACED WITH A COLLECTION

AGENCY. IF AN INDIVIDUAL SUBMITS A COMPLETE FINANCIAL ASSISTANCE

APPLICATION DURING THE APPLICATION PERIOD, AND PARKVIEW HEALTH DETERMINES

THE INDIVIDUAL IS ELIGIBLE FOR FINANCIAL ASSISTANCE, THEN PARKVIEW HEALTH

WILL TAKE ALL REASONABLE AVAILABLE MEASURES TO REVERSE ANY EXTRAORDINARY

COLLECTION ACTION (EXCEPT FOR A SALE OF DEBT) TAKEN AGAINST THE INDIVIDUAL

TO OBTAIN PAYMENT FOR THE CARE. ALSO, IF AN INDIVIDUAL SUBMITS AN

INCOMPLETE FINANCIAL ASSISTANCE APPLICATION DURING THE APPLICATION PERIOD,

PARKVIEW WILL SUSPEND ANY EXTRAORDINARY COLLECTION ACTIONS AGAINST THE

INDIVIDUAL (WITH RESPECT TO CHARGES TO WHICH THE FINANCIAL ASSISTANCE

APPLICATION UNDER REVIEW RELATES) UNTIL THE FINANCIAL ASSISTANCE

APPLICATION HAS BEEN PROCESSED AND AN ELIGIBILITY DECISION RENDERED.

PART VI, LINE 2:

DESCRIBE HOW THE ORGANIZATION ASSESSES THE HEALTH CARE NEEDS OF THE

COMMUNITIES IT SERVES, IN ADDITION TO ANY CHNAS REPORTED IN PART V,

SECTION B.

IN ADDITION TO COMPLETING A COMMUNITY HEALTH NEEDS ASSESSMENT ON A

TRIENNIAL BASIS, PARKVIEW HEALTH SYSTEM, INC. ASSESSES THE HEALTHCARE

NEEDS OF THE COMMUNITY IT SERVES THROUGH PRIMARY AND SECONDARY DATA

ANALYSIS, WORKING WITH THE ORGANIZATION'S COMMUNITY PARTNERS, AND ITS

FRONTLINE STAFF. PARKVIEW HEALTH SYSTEM, INC. IDENTIFIES AND VERIFIES

COMMUNITY HEALTH NEEDS THROUGH THE FOLLOWING:

- 1. HEALTHY COMMUNITIES INSTITUTE (HCI) SECONDARY DATA ANALYSIS
- 2. OBSERVATIONS AND DATA COLLECTED FROM FRONTLINE STAFF WORKING WITH

  VULNERABLE POPULATIONS (I.E., COMMUNITY NURSES AND COMMUNITY HEALTH

  WORKERS)
- 3. REVIEW OF COMMUNITY NEEDS ASSESSMENTS CONDUCTED BY LOCAL ORGANIZATIONS

Part VI | Supplemental Information (Continuation)

- (I.E., UNITED WAY, BRIGHTPOINT, ETC.)
- 4. PARKVIEW LEADERS SERVING ON HEALTH-RELATED AND SOCIAL SERVICE BOARDS OF DIRECTORS IN THE COMMUNITY
- 5. OTHER PUBLIC HEALTH DATABASES (E.G. COMMUNITY COMMONS, COUNTY HEALTH RANKINGS)

KEY HOSPITAL REPRESENTATIVES MAINTAIN ON-GOING RELATIONSHIPS THROUGHOUT

THE COMMUNITY AND MEET REGULARLY WITH ORGANIZATIONS THAT SHARE THE MISSION

OF IMPROVING THE HEALTH AND INSPIRING THE WELL-BEING OF THE COMMUNITY WE

SERVE.

# PART VI, LINE 3:

DESCRIBE HOW THE ORGANIZATION INFORMS AND EDUCATES PATIENTS AND PERSONS
WHO MAY BE BILLED FOR PATIENT CARE ABOUT THEIR ELIGIBILITY FOR ASSISTANCE
UNDER FEDERAL, STATE OR LOCAL GOVERNMENT PROGRAMS OR UNDER THE
ORGANIZATION'S FINANCIAL ASSISTANCE POLICY.

SIGNAGE AND BROCHURES ARE POSTED AND AVAILABLE AT ALL HOSPITAL POINTS OF
REGISTRATION AND IN THE EMERGENCY DEPARTMENT. PATIENTS ARE OFFERED PLAIN
LANGUAGE SUMMARIES OF THE FINANCIAL ASSISTANCE POLICY DURING THE
REGISTRATION PROCESS AND IN EACH FOLLOW UP STATEMENT SENT TO THE PATIENT.
PATIENT STATEMENTS WILL INDICATE HOW A PATIENT CAN OBTAIN FINANCIAL
ASSISTANCE APPLICATIONS AND WHO THEY CAN CONTACT FOR ASSISTANCE.

#### PART VI, LINE 4:

DESCRIBE THE COMMUNITY THE ORGANIZATION SERVES, TAKING INTO ACCOUNT THE

GEOGRAPHIC AREA AND DEMOGRAPHIC CONSTITUENTS IT SERVES.

PARKVIEW HEALTH SYSTEM, INC. SERVES AN 11-COUNTY AREA (ADAMS, ALLEN, DEKALB, HUNTINGTON, KOSCIUSKO, LAGRANGE, NOBLE, STEUBEN, WABASH, WELLS AND WHITLEY) IN NORTHEAST INDIANA, AS WELL AS PARTS OF NORTHWEST OHIO.

ACCORDING TO STATS INDIANA, THE TOTAL POPULATION OF THE HEALTH SYSTEM'S 11-COUNTY SERVICE AREA IS APPROXIMATELY 793,165 PEOPLE. PARKVIEW HEALTH SYSTEM, INC. OPERATES HOSPITALS IN ALLEN, DEKALB, HUNTINGTON, LAGRANGE, NOBLE, WABASH AND WHITLEY COUNTIES. OF THE SEVEN COUNTIES IN WHICH PARKVIEW HEALTH SYSTEM, INC. OPERATES HOSPITALS, ALLEN COUNTY IS THE AREA'S ONLY URBAN AREA, IN AN OTHERWISE RURAL AREA, AND ROUGHLY MAKES UP 48.2% OF THE SERVICE AREA POPULATION.

ACCORDING TO THE INDIANA HOSPITAL ASSOCIATION DIMENSIONS DATABASE,

PARKVIEW HEALTH SYSTEM, INC. FACILITIES HAD 25.1% OF INPATIENT DISCHARGES

THAT WERE MEDICAID PATIENTS AND 2.9% WERE SELF-PAY. FOR OUTPATIENT

PROCEDURES, 19.2% WERE MEDICAID PATIENTS, AND 2.9% PERCENT WERE SELF-PAY

(2021).

ACCORDING TO CONDUENT HEALTHY COMMUNITIES INSTITUTE (2018), THE MEAN

PERCENTAGE OF HOUSEHOLDS LIVING BELOW THE FEDERAL POVERTY LEVEL IS 9.9%

FOR THE SEVEN-COUNTY AREA [RANGING FROM 7.8%% (NOBLE COUNTY) TO 12.4%

(WABASH COUNTY)]. THE MEDIAN HOUSEHOLD INCOME WITHIN THE SEVEN-COUNTY AREA

RANGES FROM \$53,632 (HUNTINGTON) TO \$64,498 (LAGRANGE). AS OF NOVEMBER

2021, THE PERCENTAGE OF UNEMPLOYED WORKERS IN THE CIVILIAN LABOR FORCE

RANGES FROM 1.2% (LAGRANGE COUNTY) TO 2.1% (ALLEN COUNTY).

THERE IS ONLY ONE OTHER EXTERNAL (FOR-PROFIT) HEALTH SYSTEM WITHIN THE

10-COUNTY AREA IN WHICH PARKVIEW OPERATES HOSPITALS. THIS SYSTEM OPERATES

THREE HOSPITALS.

HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA), AN AGENCY OF THE U.S.

DEPARTMENT OF HEALTH AND HUMAN SERVICES, DEVELOPS SHORTAGE DESIGNATION

CRITERIA INTENDED TO IDENTIFY A GEOGRAPHIC AREA, POPULATION GROUP OR

FACILITY AS A HEALTH PROFESSIONAL SHORTAGE AREA (HPSA) OR A MEDICALLY

UNDERSERVED AREA OR POPULATION (MUA/P).

HRSA HAS DESIGNATED THE FOLLOWING:

ALLEN COUNTY:

1) DISCIPLINE: PRIMARY CARE

HPSA ID: 1189991870

HPSA NAME: NEIGHBORHOOD HEALTH CLINICS, INC.

DESIGNATION TYPE: FEDERALLY QUALIFIED HEALTH CENTER

HPSA SCORE: 21

STATUS: DESIGNATED

RURAL STATUS: NON-RURAL

2) DISCIPLINE: MENTAL HEALTH

HPSA ID: 7189991824

HPSA NAME: NEIGHBORHOOD HEALTH CLINIC INC.

DESIGNATION TYPE: FEDERALLY QUALIFIED HEALTH CENTER

HPSA SCORE: 19

STATUS: DESIGNATED

RURAL STATUS: NON-RURAL

3) DISCIPLINE: PRIMARY CARE

HPSA ID: 1189107418

HPSA NAME: ALLIANCE HEALTH CENTERS, INC.

DESIGNATION TYPE: FEDERALLY QUALIFIED HEALTH CENTER LOOK-ALIKE

HPSA SCORE: 16

STATUS: DESIGNATED

RURAL STATUS: NON-RURAL

4) DISCIPLINE: MENTAL HEALTH

HPSA ID: 7185458158

HPSA NAME: ALLIANCE HEALTH CENTERS, INC.

DESIGNATION TYPE: FEDERALLY QUALIFIED HEALTH CENTER LOOK-ALIKE

HPSA SCORE: 16

STATUS: DESIGNATED

RURAL STATUS: NON-RURAL

KOSCIUSKO COUNTY:

1) DISCIPLINE: PRIMARY CARE

HPSA ID: 1187177279

HPSA NAME: OTIS R BOWEN CENTER FOR HUMAN SERVICES INC.

DESIGNATION TYPE: FEDERALLY QUALIFIED HEALTH CENTER LOOK-ALIKE

HPSA SCORE: 12

STATUS: DESIGNATED

RURAL STATUS: RURAL

2) DISCIPLINE: MENTAL HEALTH

HPSA ID: 7188376199

HPSA NAME: OTIS R BOWEN CENTER FOR HUMAN SERVICES INC.

DESIGNATION TYPE: FEDERALLY QUALIFIED HEALTH CENTER LOOK-ALIKE

HPSA SCORE: 14

STATUS: DESIGNATED

RURAL STATUS: RURAL

STEUBEN COUNTY:

1) DISCIPLINE: PRIMARY CARE

HPSA ID: 1186471309

HPSA NAME: STEUBEN COUNTY

DESIGNATION TYPE: GEOGRAPHIC HPSA

HPSA FTE SHORT: 2.2

HPSA SCORE: 11

STATUS: DESIGNATED

RURAL STATUS: RURAL

MULTI-COUNTY DESIGNATIONS:

1) COUNTIES: ADAMS, ALLEN AND WELLS COUNTY

DISCIPLINE: MENTAL HEALTH

HPSA ID: 7184233749

HPSA NAME: MHCA 20 - ADAMS/ALLEN/WELLS COUNTIES

DESIGNATION TYPE: GEOGRAPHIC HPSA

HPSA FTE SHORT: 11.37

HPSA SCORE: 12

STATUS: DESIGNATED

RURAL STATUS: PARTIALLY RURAL

2) COUNTIES: DEKALB, LAGRANGE, NOBLE AND STEUBEN COUNTY

DISCIPLINE: MENTAL HEALTH

HPSA ID: 7186175063

HPSA NAME: NORTHEASTERN CATCHMENT AREA 18

DESIGNATION TYPE: GEOGRAPHIC HPSA

HPSA FTE SHORT: 7.03

HPSA SCORE: 17

STATUS: DESIGNATED

RURAL STATUS: RURAL

3) COUNTIES: HUNTINGTON, KOSCIUSKO, MARSHALL, WABASH AND WHITLEY COUNTY

DISCIPLINE: MENTAL HEALTH

HPSA ID: 7186918305

HPSA NAME: MENTAL HEALTH CATCHMENT AREA 28 - WARSAW

DESIGNATION TYPE: GEOGRAPHIC HPSA

HPSA FTE SHORT: 11.02

HPSA SCORE: 17

STATUS: DESIGNATED

RURAL STATUS: PARTIALLY RURAL

PART VI, LINE 5:

PROVIDE ANY OTHER INFORMATION IMPORTANT TO DESCRIBING HOW THE

ORGANIZATION'S HOSPITAL FACILITIES OR OTHER HEALTH CARE FACILITIES FURTHER

ITS EXEMPT PURPOSE BY PROMOTING THE HEALTH OF THE COMMUNITY (E.G. OPEN

MEDICAL STAFF, COMMUNITY BOARD, USE OF SURPLUS FUNDS, ETC.).

THE MAJORITY OF THE PARKVIEW HEALTH SYSTEM, INC. BOARD OF DIRECTORS IS

COMPRISED OF INDEPENDENT COMMUNITY MEMBERS WHO RESIDE IN THE HEALTH

SYSTEM'S PRIMARY SERVICE AREA. AS PARENT OF THE SYSTEM'S VARIOUS HOSPITAL

ENTITIES AND PHYSICIAN PRACTICES, PARKVIEW HEALTH SERVES IN AN OVERSIGHT

CAPACITY TO FORM AN INTEGRATED HEALTHCARE DELIVERY SYSTEM THAT EXTENDS

MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN THE COMMUNITY.

EACH OF OUR HEALTHCARE FACILITIES ARE EFFICIENTLY SUPPORTED WITH

CENTRALIZED, COST-EFFECTIVE ADMINISTRATIVE SUPPORT AND GUIDANCE TO FORM A

COMPLETE AND COMPREHENSIVE CARE DELIVERY SYSTEM FOR THE REGION. PARKVIEW

HEALTH SYSTEM, INC. SERVES TO MEET ITS MISSION TO ITS COMMUNITIES BY

CONDUCTING A TRIENNIAL COMMUNITY HEALTH NEEDS ASSESSMENT OF THE REGION AND

OFFERING THE SERVICES NECESSARY FOR A SAFER AND HEALTHIER POPULATION.

DATA AND FEEDBACK OBTAINED THROUGH THE 2019 COMMUNITY HEALTH NEEDS

ASSESSMENTS, PHYSICIAN SURVEYS, AND TREND AND TREATMENT ANALYSIS WERE

UTILIZED IN PARKVIEW HEALTH SYSTEM, INC.'S STRATEGIC PLANNING PROCESS.

THROUGH THIS PROCESS, HOSPITALS WITHIN PARKVIEW HEALTH SYSTEM, INC. AS

WELL AS THE ORTHOPEDIC HOSPITAL HAVE ESTABLISHED SEVERAL PRIORITY AREAS

THAT ALIGN WITH THE COMMUNITY'S NEEDS AND OUR SYSTEM'S MISSION, VISION AND

GOALS. ALL HOSPITAL ENTITIES SHARE THE COMMUNITY HEALTH PRIORITY OF

SUBSTANCE USE DISORDER AND MENTAL HEALTH, WITH THE EXCEPTION OF THE

ORTHOPEDIC HOSPITAL. OTHER TOP COMMUNITY HEALTH PRIORITIES ADOPTED

THROUGHOUT THE HEALTH SYSTEM INCLUDE MATERNAL/CHILD HEALTH, OBESITY AND

CARDIOVASCULAR DISEASE AND DIABETES.

THROUGH PARKVIEW HEALTH SYSTEM, INC., AFFILIATED HOSPITALS' FUNDING IS

ALLOCATED ON AN ANNUAL BASIS TO SUPPORT LOCAL COMMUNITY HEALTH IMPROVEMENT

INITIATIVES. COMMITTEE PARTICIPATION AND RESOURCES ARE COMMITTED TO

SUPPORT LOCAL HEALTH INITIATIVES AND PARTNER ORGANIZATIONS THAT ADDRESS

THE IDENTIFIED HEALTH PRIORITIES SPECIFIC TO EACH COMMUNITY.

ADDITIONALLY, THE ORTHOPEDIC HOSPITAL AT PARKVIEW NORTH, LLC, PART OF

PARKVIEW HEALTH SYSTEM INC. (IN PARTNERSHIP WITH PARKVIEW HOSPITAL, INC.

AND LOCAL SCHOOLS), CONTINUES TO WORK TO REDUCE OBESITY BY PROMOTING

HEALTHY LIFESTYLES THROUGH NUTRITION, PHYSICAL ACTIVITY AND INJURY

PREVENTION EDUCATION. AS PART OF THIS WORK, A COMMUNITY OUTREACH CERTIFIED

ATHLETIC TRAINER (ATC) AND NUTRITIONIST CREATED AGE-APPROPRIATE SCHOOL

CURRICULA ON HEALTHY LIVING PRACTICES. INCLUDED IN THIS PROGRAM ARE

NUTRITION CLASSES FOR CLUB SPORT TEAMS AND INJURY PREVENTION CLASSES AT

AREA HIGH SCHOOLS AND COLLEGES FOCUSING ON ATHLETES AND COACHES. THIS

APPROACH PROMOTES HEALTHY LIFESTYLES FROM CHILDHOOD TO THE ADULT ATHLETE.

TO REINFORCE THESE EFFORTS, THE ORTHOPEDIC HOSPITAL AT PARKVIEW NORTH,

LLC. IS PROUD TO ASSIST AREA HIGH SCHOOLS, UNIVERSITIES AND SPORTS CLUBS

BY PROVIDING MORE THAN 70 ATHLETIC TRAINERS. OUR CERTIFIED ATHLETIC

TRAINERS SERVE OVER 40 SCHOOLS AND CLUBS IN NORTHEAST INDIANA AND

NORTHWEST OHIO. THEY WORK AT THE SCHOOLS AND PROMOTE SAFETY ON THE

SIDELINES THROUGH PREVENTIVE SERVICES, INJURY REHABILITATION AND EMERGENCY

CARE AT EACH PRACTICE AND EVERY HOME GAME.

IN CARRYING OUT OUR MISSION TO IMPROVE ACCESS TO HEALTHCARE AS A

NOT-FOR-PROFIT HEALTH SYSTEM, PARKVIEW HEALTH SYSTEM, INC. CONTINUES ITS

FOCUS ON THE RECRUITMENT AND TRAINING OF PRIMARY CARE AND SPECIALTY CARE

PHYSICIANS, AS WELL AS OTHER HEALTHCARE PROFESSIONALS SUCH AS NURSE

PRACTITIONERS, PHYSICIAN ASSISTANTS AND NURSES IN SEVERAL LOCATIONS IN THE

REGION. TO INCREASE ACCESS TO SERVICES BEYOND HOSPITAL AND TRADITIONAL

PHYSICIAN OFFICE SETTINGS, PARKVIEW HAS DEVELOPED WALK-IN CLINICS WITH

EXTENDED HOURS IN SEVERAL LOCATIONS THROUGHOUT THE REGION. PARKVIEW ORTHO

HOSPITAL, INC. OFFERS A WALK-IN ORTHOPEDIC CLINIC TO PROVIDE SAME-DAY

SERVICE FOR INDIVIDUALS WITH MINOR ORTHOPEDIC AND SPORTS INJURIES.

ANOTHER WAY PARKVIEW ADVANCES PATIENT ACCESS TO HEALTHCARE SERVICES IS
THROUGH TECHNOLOGY. PARKVIEW ONDEMAND, A TELEHEALTH PLATFORM THAT CONNECTS
INDIVIDUALS WITH A PROVIDER 24/7 ANYTIME, ANYWHERE THROUGH VIDEO VISITS
VIA A COMPUTER, TABLET OR SMARTPHONE. WITH THIS SERVICE, PROVIDERS CAN SEE
PATIENTS FOR SIMPLE FOLLOW-UPS, WELLNESS EXAMS, AND NON-EMERGENCY
CONDITIONS SUCH AS COLD AND FLU, ALLERGIES, AND PINK EYE. ALSO CONVENIENT,
IF NEEDED, PARKVIEW ONDEMAND CAN SUBMIT PRESCRIPTIONS DIRECTLY TO THE
PHARMACY OF THE PATIENT'S CHOICE.

SINCE 1993, PARKVIEW RESEARCH CENTER HAS BROUGHT OVER 150 CLINICAL TRIALS

TO PATIENTS AND PROVIDERS FOR NOVEL AND POTENTIALLY LIFE-SAVING TREATMENT.

OUR MAJOR FOCUS HAS BEEN PHASE II AND PHASE III SPONSORED TRIALS. EACH

YEAR THOUSANDS OF PEOPLE, INCLUDING HEALTHY INDIVIDUALS, GENEROUSLY

VOLUNTEER AS CLINICAL STUDY PARTICIPANTS. THESE STUDIES CONTRIBUTE TO

IMPROVING THE DIAGNOSIS, TREATMENT, AND PREVENTION OF A WIDE VARIETY OF

DISEASES. ADDITIONALLY, THE PARKVIEW RESEARCH CENTER IS UNIQUELY SITUATED

TO PARTICIPATE IN COLLABORATIVE RESEARCH EFFORTS WITH LOCAL AND NATIONAL

ACADEMIC PARTNERS. ONE OF OUR OLDEST COLLABORATIONS IS WITH THE INDIANA

UNIVERSITY SCHOOL OF MEDICINE.

AS PART OF THE PARKVIEW RESEARCH CENTER, THE HEALTH SERVICES AND

INFORMATICS RESEARCH TEAM ENGAGES IN A VARIETY OF COMMUNITY HEALTH-RELATED

RESEARCH INITIATIVES. THE TEAM IS COMPRISED OF INTERDISCIPLINARY

SCIENTISTS, PROJECT MANAGERS AND USER-EXPERIENCE SPECIALISTS. THIS TEAM

WORKS ON A BROAD ARRAY OF PROJECTS, INCLUDING INVESTIGATOR-INITIATED

RESEARCH, PROGRAM EVALUATION, PILOT STUDIES, COMMUNITY SURVEY STUDIES AND

USER-EXPERIENCE PROJECTS THAT IMPROVE THE USABILITY OF HEALTHCARE

TECHNOLOGIES. SOME EXAMPLES OF THEIR PROJECTS INCLUDE YOUTH MENTAL HEALTH
STUDIES, INNOVATIVE PRACTICE MODEL EVALUATION, SCREENING FOR AND
ADDRESSING SOCIAL DETERMINANTS OF HEALTH, AND SUPPORTING PEOPLE LIVING
WITH CHRONIC DISEASE. MOST OF THE TEAM'S WORK RESULTS IN PEER-REVIEWED
PUBLICATIONS IN JOURNALS, PRESENTATIONS AT TOP-TIER SCIENTIFIC
CONFERENCES, AND DISSEMINATING INFORMATION TO OUR LOCAL PUBLIC HEALTH AND
GOVERNMENT OFFICIALS TO INFLUENCE PUBLIC HEALTH POLICY.

THE HEALTH SYSTEM CONTINUES TO ENHANCE HEALTHCARE EDUCATION AND MEDICAL RESEARCH THROUGH PARTNERSHIPS BETWEEN PARKVIEW MIRRO CENTER FOR RESEARCH AND INNOVATION AND LOCAL UNIVERSITIES ON THE NORTH FORT WAYNE CAMPUS, AS WELL AS DEVELOPMENT OF THE LIFE SCIENCE EDUCATION AND RESEARCH CONSORTIUM ON THE RANDALLIA CAMPUS. THE CONSORTIUM IS A COLLABORATIVE EFFORT BETWEEN THE HOSPITAL, TRINE UNIVERSITY AND HUNTINGTON UNIVERSITY, AND PROVIDES ACADEMIC PROGRAMS AND RESEARCH TIED TO REHABILITATION SERVICES AND SENIOR CARE. IN ADDITION, DOCTORAL PROGRAMS FOR PHYSICAL THERAPY AND OCCUPATIONAL THERAPY ARE OFFERED, THUS ADDRESSING SIGNIFICANT WORKFORCE GAP AND SPECIALTY CARE ACCESS NEEDS IN THE COMMUNITY.

ANOTHER PROGRAM ACCESSIBLE TO STUDENTS THROUGH THE PARKVIEW RESEARCH
CENTER IS THE STUDENT EDUCATION AND RESEARCH FELLOWSHIP (SERF) PROGRAM

(FORMERLY THE MIDWEST ALLIANCE FOR HEALTH EDUCATION). THIS PROGRAM WAS

ESTABLISHED MORE THAN 30 YEARS AGO AND CONTINUES TO SERVE THE SURROUNDING

REGION. WITHIN THIS FELLOWSHIP PROGRAM, STUDENTS ARE IN-RESIDENCE FOR A

PERIOD OF NINE WEEKS, LEARNING ABOUT RESEARCH AND INTERACTING WITH

PARKVIEW PHYSICIANS ON ONGOING RESEARCH STUDIES. STUDENTS GAIN BASIC

SKILLS FOR THE CONDUCT OF RESEARCH AND DISSEMINATE THEIR WORK THROUGH A

POSTER OR PODIUM PRESENTATION AT THE END OF THE PROGRAM.

(NARRATIVE CONTINUED AFTER PART VI, LINE 7)

## PART VI, LINE 6:

IF THE ORGANIZATION IS PART OF AN AFFILIATED HEALTH CARE SYSTEM, DESCRIBE

THE RESPECTIVE ROLES OF THE ORGANIZATION AND ITS AFFILIATES IN PROMOTING

THE HEALTH OF THE COMMUNITIES SERVED.

PARKVIEW HEALTH SYSTEM, INC. (PARKVIEW), A HEALTHCARE SYSTEM SERVING

NORTHEAST INDIANA AND NORTHWEST OHIO THROUGH OUR HOSPITALS AND PHYSICIAN

CLINICS, INCLUDES THE NOT-FOR-PROFIT HOSPITALS OF PARKVIEW HOSPITAL, INC.;

COMMUNITY HOSPITAL OF LAGRANGE COUNTY, INC.; COMMUNITY HOSPITAL OF NOBLE

COUNTY, INC.; DEKALB MEMORIAL HOSPITAL, INC.; HUNTINGTON MEMORIAL

HOSPITAL, INC.; PARK CENTER, INC.; PARKVIEW WABASH HOSPITAL, INC.; WHITLEY

MEMORIAL HOSPITAL, INC.; AS WELL AS 60 PERCENT OWNERSHIP IN THE JOINT

VENTURE OF ORTHOPEDIC HOSPITAL AT PARKVIEW NORTH, LLC.

EACH HOSPITAL ENTITY ENGAGES IN COMMUNITY OUTREACH ACTIVITIES CUSTOMIZED

TO MEET THE UNIQUE HEALTH NEEDS OF THEIR RESPECTIVE COMMUNITIES. AFFILIATE
HOSPITALS ALSO WORK TOGETHER AND SHARE PROGRAMMING AND MESSAGING WHERE

COMMON COMMUNITY HEALTH ISSUES ARE IDENTIFIED. FROM THE LIST OF HEALTH
ISSUES IDENTIFIED IN NORTHEAST INDIANA AS PART OF THE 2019 COMMUNITY
HEALTH NEEDS ASSESSMENT, THE HEALTH PRIORITY OF SUBSTANCE USE
DISORDER/MENTAL HEALTH PROMOTION WAS SELECTED BY ALL AFFILIATE HOSPITALS.

AFFILIATE HOSPITALS EACH HAVE A LOCAL BOARD OF DIRECTORS. PARKVIEW HEALTH
SYSTEM, INC. ALSO ENGAGES WITH A BOARD OF DIRECTORS THAT CONSISTS OF
REPRESENTATION FROM EACH OF THE AFFILIATE HOSPITAL BOARDS AND UP TO 15
AT-LARGE PHYSICIANS OR COMMUNITY LEADERS. MOST OF THE BOARD OF DIRECTORS

SHALL ALWAYS BE INDEPENDENT AS DEFINED BY THE INTERNAL REVENUE SERVICE (IRS).

PARKVIEW CONTRIBUTES TO THE OVERALL SUCCESS OF THE REGION THROUGH
SIGNIFICANT INVOLVEMENT IN THE COMMUNITIES WE SERVE. BY DEVELOPING VARIOUS
PARTNERSHIPS AND ALIGNMENTS WITH DIFFERENT SECTORS AND ORGANIZATIONS,

PARKVIEW HELPS TO BENEFIT THE ECONOMY, QUALITY OF LIFE AND
HEALTH/WELL-BEING ACROSS THE REGION. WITH A CONSISTENT FOCUS ON OUR
MISSION AND VISION, WE WORK TO PROVIDE THE BEST CARE TO EVERY PERSON,
EVERY DAY WITHIN OUR FACILITIES WHILE SERVING AS GOOD STEWARDS OF SURPLUS
FUNDS TO POSITIVELY IMPACT COMMUNITY HEALTH STATUS.

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

IN

PART VI, LINE 7 CONT'D:

A COPY OF FORM 990, SCHEDULE H IS FILED WITH THE INDIANA STATE DEPARTMENT OF HEALTH.

PART VI, SUPPLEMENTAL INFORMATION, LINE 5, CONT'D

CONTINUED FROM ABOVE: PROVIDE ANY OTHER INFORMATION IMPORTANT TO

DESCRIBING HOW THE ORGANIZATION'S HOSPITAL FACILITIES OR OTHER HEALTH

CARE FACILITIES FURTHER ITS EXEMPT PURPOSE BY PROMOTING THE HEALTH OF

THE COMMUNITY (E.G. OPEN MEDICAL STAFF, COMMUNITY BOARD, USE OF SURPLUS

FUNDS, ETC.).

IN ADDITION TO PARTNERSHIPS WITH TRINE UNIVERSITY AND HUNTINGTON
UNIVERSITY, PARKVIEW HEALTH SYSTEM, INC. IDENTIFIED THE NEED TO PARTNER

WITH HIGH SCHOOL STUDENTS, UNIVERSITIES AND HEALTHCARE SYSTEMS TO PROVIDE AN INNOVATIVE LEARNING EXPERIENCE THAT ALLOWS TEENS AND YOUNG ADULTS TO EXPLORE HEALTHCARE-RELATED CAREERS. THE PARKVIEW EDUCATION CENTER (PEC) IS THE RESULT OF AN INNOVATIVE ASSOCIATION BETWEEN PARKVIEW HEALTH, FORT WAYNE COMMUNITY SCHOOLS (FWCS) AND IVY TECH COMMUNITY COLLEGE. PEC OFFERS YOUNG PEOPLE, COLLEGE STUDENTS AND PROFESSIONALS A UNIQUE ENVIRONMENT WHERE THEY CAN LEARN TOGETHER UNDER THE SAME ROOF. PEC IS A STATE-OF-THE-ART FACILITY THAT HOUSES PARKVIEW'S TRAINING AND ONBOARDING ACTIVITIES, FWCS CAREER ACADEMY'S HEALTH SCIENCE PROGRAMS AND IVY TECH'S HEALTH SERVICES TRAINING PROGRAMS. FURTHERMORE, PEC PROVIDES BOTH CLASSROOM AND SIMULATED EXPERIENCE OPTIONS FOR STUDENTS AND CURRENT HEALTHCARE PROFESSIONALS. THE CLASSROOMS, LABORATORIES AND COLLABORATIVE SPACES PROVIDE SPACE FOR PEOPLE FROM ALL SKILLSETS AND BACKGROUNDS TO GROW TOGETHER, ENABLING HIGH SCHOOL STUDENTS TO DISCOVER POTENTIAL CAREER PATHS, GIVING ADULTS THE CHANCE TO EARN COLLEGE DEGREES AND CERTIFICATIONS, AND PROVIDE OPPORTUNITIES FOR PARKVIEW CO-WORKERS TO ENHANCE THEIR SKILLS.

THROUGH THE PEC, WE CAN ENHANCE THE WAY THAT STUDENTS AND HEALTHCARE

PROFESSIONALS LEARN AND WORK TOGETHER. EDUCATORS CAN PARTNER ACROSS THE

CONSORTIUM, SHARING NOT ONLY SPACE BUT RESOURCES, TECHNOLOGY AND BEST

PRACTICES. YOUNG ADULTS CAN LITERALLY SEE PICTURES OF THEIR FUTURE AS

THEY MEET AND INTERACT WITH EXPERTS IN THEIR FIELDS OF INTEREST.

LEARNERS CAN ENCOURAGE EACH OTHER DESPITE THEIR AGE, ACADEMIC

ACCOMPLISHMENTS OR EXPERIENCE LEVELS.

EVEN THOUGH HEALTHCARE CAREERS ARE THE PRIMARY FOCUS, THE PEC HOSTS A

VARIETY OF CLASSES, MEETINGS AND ACTIVITIES FOR VARIOUS OTHER CAREERS.

INVESTING IN BOTH CURRENT AND FUTURE LEADERS RESULTS IN BETTER OUTCOMES

FOR LOCAL ORGANIZATIONS AND, IN TURN, OUR COMMUNITIES. LEARNING

ACTIVITIES OF ALL KINDS WILL ENHANCE THE KNOWLEDGE OF OUR FUTURE

LEADERS AND MAKE THEM MORE EFFECTIVE. THE PEC WAS BUILT WITH THE BELIEF

THAT ALLOWING SUCH A DIVERSE GROUP OF PEOPLE TO SHARE IDEAS FUELS

INNOVATION AND RESULTS IN A MORE COMPREHENSIVE LEARNING EXPERIENCE FOR

CURRENT AND ASPIRING HEALTHCARE PROFESSIONALS. BY OFFERING AN

INNOVATIVE APPROACH TO EDUCATION, WE ARE HELPING TO ENSURE THAT

HEALTHCARE IN OUR REGION WILL THRIVE WELL INTO THE FUTURE.

THE YEAR OF 2021 PRESENTED PARKVIEW HEALTH SYSTEM, INC. WITH MANY NEW CHALLENGES WITH THE SPREAD OF COVID-19 THROUGHOUT THE UNITED STATES.

PARKVIEW HOSPITAL, INC. WAS AT THE CENTER OF THIS EFFORT ALONG WITH PARKVIEW HEALTH SYSTEM, INC., TREATING 70% OF THE REGIONS TOTAL COVID-19 PATIENT POPULATION. HOWEVER, BECAUSE OF THE HEALTH SYSTEM'S GROWTH AND PREPAREDNESS FOR SUCH TRYING TIMES, PARKVIEW WAS ABLE TO STEP UP AND OFFER MANY ADDITIONAL RESOURCES TO THE COMMUNITY.

AS THE REGION'S LARGEST EMPLOYER, PARKVIEW HEALTH UNDERSTANDS THE

COMPLEXITY OF MAINTAINING NORMAL BUSINESS OPERATIONS DURING A PANDEMIC.

TO HELP, PARKVIEW DEVELOPED A PLATFORM TITLED BUSINESS CONNECT, WHICH

IS A RESOURCE FOR AREA EMPLOYERS AND COMMUNITY PARTNERS TRYING TO MEET

THE CHALLENGES BROUGHT BY COVID-19 WHILE PROTECTING THEIR EMPLOYEES'

HEALTH AND SAFETY. BUSINESS CONNECT SHARES BEST PRACTICES, VALUABLE

RESOURCES AND UP-TO-DATE GUIDANCE NEEDED TO OPERATE YOUR BUSINESS.

IN 2021, PARKVIEW HELD 16 COMMUNITY-BASED COVID-19 VACCINE CLINICS TARGETING VULNERABLE POPULATIONS. PARKVIEW ALSO ESTABLISHED TWO

TEMPORARY COMMUNITY VACCINE CLINICS AVAILABLE AT THE PARKVIEW MIRRO

CENTER FOR RESEARCH AND INNOVATION AND AT THE FIRST CARE CLINIC ON NEW

VISION DRIVE. THESE CLINICS WERE SET UP WITH AREAS FOR SYMPTOM

SCREENING, REGISTRATION, VACCINATION, AND POST-INJECTION OBSERVATION.

TOGETHER, THESE LOCATIONS DELIVERED A TOTAL OF 155,202 VACCINES.

PARKVIEW ALSO OFFERED SEVERAL POP-UP CLINICS WITHIN ALLEN COUNTY THAT

DELIVERED 610 VACCINES. OTHER CLINICS, AS PART OF NORMAL OPERATIONS

(PPG AND OCCUPATIONAL HEALTH), DELIVERED 6,115 VACCINES.

PART V, SECTION B, LINE 19:

DISCLOSURE STATEMENT FOR CORRECTION SECTION 501(R) OMISSIONS, ERRORS

AND OTHER FAILURES PURSUANT TO INTERNAL REVENUE SERVICE REVENUE

PROCEDURE 2015-21.

IN JANUARY AND FEBRUARY 2021, THE ORGANIZATION'S INTERNAL AUDIT

DEPARTMENT PERFORMED A COMPREHENSIVE REVIEW OF ALL APPLICABLE POLICIES

AND PRACTICES UNDER SECTION 501(R) OF THE INTERNAL REVENUE CODE AND THE

TREASURY REGULATIONS ISSUED THEREUNDER. THE AUDIT PERIOD WAS AUGUST 1,

2020, THROUGH DECEMBER 31, 2020. AS A RESULT OF THE AUDIT, MINOR

POLICY CHANGES WERE MADE, AND MINOR PROCEDURAL CHANGES RELATED TO

SECTION 501(R) COMPLIANCE WERE IMPLEMENTED.

ALSO, IT WAS DETERMINED THAT 90 PATIENT ACCOUNTS WERE PRESUMPTIVELY

DETERMINED TO BE ELIGIBLE FOR LESS-THAN-100% FINANCIAL ASSISTANCE, WERE

NOT NOTIFIED REGARDING THE WAY TO APPLY FOR MORE GENEROUS ASSISTANCE

UNDER THE FAP AND WERE INADVERTENTLY SUBJECT TO ADVERSE CREDIT

REPORTING. THE ADVERSE CREDIT REPORTING, HOWEVER, WAS IMMEDIATELY

REMOVED IN MAY 2021. IN ADDITION TO THE FINANCIAL ASSISTANCE

| Part VI Supplemental Information (Continuation)                         |
|---|
| NOTIFICATION ON ALL PATIENT STATEMENTS, THE HOSPITAL FACILITY           |
| INSTITUTED PROCEDURES TO PROVIDE WRITTEN NOTICE TO PATIENTS WHO RECEIVE |
| PARTIAL PRESUMPTIVE FINANCIAL ASSISTANCE THAT INFORMS THE INDIVIDUAL    |
| REGARDING THE BASIS FOR THE PRESUMPTIVE FAP ELIGIBILITY DETERMINATION   |
| AND THE WAY TO APPLY FOR MORE GENEROUS ASSISTANCE DURING THE            |
| APPLICATION PERIOD.   |
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